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Dear HomeCare Readers,

I'm feeling a little bit like Uncle Sam today—HomeCare wants YOU! In all seriousness, we are recruiting you right now. I'm actually writing this from a two-day off-site planning session where we're developing a ton of exciting ideas for next year, and it would help so much if you, our readers, weighed in. What should we focus on bringing you? More breaking news? More how-to stories? Which topics or business problems are keeping you up at night?

Meanwhile, in this issue we're taking the long view of what's coming for technological change in our industry. Check out the cover series to get the big picture on how automation efforts will change care—plus suggestions for technological recommendations that you can make to your own clients and families to improve their quality of life right now.

Speaking of quality of life, it's time for our second annual HomeCare Heroes feature. We need you (again, I'm conscripting you!) to nominate the homecare workers in your company or whom you partner with who have gone above and beyond in the past year. We found these stories nothing short of inspirational when you first shared them last year, and I am beyond excited for the new round of nominations to start rolling in! We'll be expressing our gratitude for these dedicated workers in the November issue. Meanwhile, stay safe and healthy.

Thank you for reading,



Hannah Wolfson



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## BE HEARD

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

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

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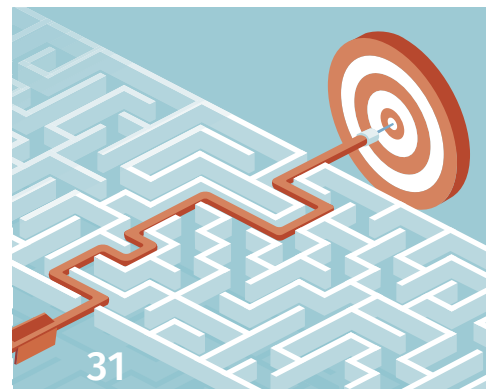


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# Split Decisions?

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## Signature Series

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



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## **CMS Removes Manual CRT Accessories From Bid Program**

In late July, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that ends the application of bid-derived rates for manual complex rehab technology (CRT) wheelchairs and accessories.

The new final rule severs the link between competitive bidding and CRT and will result in an estimated \$170 million economic impact for providers over the next five years.

The Medicare Improvements for Patients and Providers Act (MIPPA), passed in 2008, carved out CRT from the competitive bidding program. However, CMS expanded competitive bidding in 2015, adding

CRT accessories to the bid program. The argument at the time was that MIPPA protected the chairs, not the accessories.

In June 2017, a CMS policy delayed applying prices to accessories for power CRT wheelchairs. Industry advocates, led by the National Coalition of Assistive & Rehab Technology (NCART), turned their focus to manual accessories.

"We are sincerely grateful to CMS for making today's policy decision and protecting access for people with disabilities who depend on these individually configured CRT wheelchairs and seating systems," NCART Executive Director Don Clayback said in a statement.

Other advocacy groups that worked on this issue include the ITEM Coalition, United Spinal Association, Christopher and Dana Reeve Foundation, ALS Association, Spina Bifida Association, Paralyzed Veterans of America, Center for Medicare Advocacy, Clinician Task Force, the National Registry of Rehabilitation Technology Suppliers, U.S. Rehab, the American Association for Homecare and the Rehabilitation Engineering and Assistive Technology Society of North America.

[ncart.org](http://ncart.org), [aahomecare.org](http://aahomecare.org)

## **AAHomecare Partners With the Nickles Group**

AAHomecare has retained the Nickles Group (TNG), a Washington, D.C.-based lobbying firm, to bolster the association's ability to engage Capitol Hill and federal agencies overseeing health care policy.

The TNG team boasts strong contacts and experience working with CMS, the Department of Health and Human Services, the Office of Management and Budget and on Capitol Hill. The firm recently added Brett Baker, the former health policy director for the Senate Finance Committee, to its roster. Baker has been involved in every major Medicare legislative initiative for the last decade through his work on congressional committees of jurisdiction on health care issues.

The Nickles Group's well-established relationships with Republicans in both the

House and Senate will complement the capabilities of AAHomecare's other lobbying and public policy consultants, Prime Policy and Foley & Hoag.

[aahomecare.org](http://aahomecare.org)

## **InnovAge Invests in Jetdoc**

InnovAge Holding Corp. announced that it has made an equity investment in telehealth platform Jetdoc, a telehealth and virtual urgent care app dedicated to connecting users with medical professionals. InnovAge's investment comes amid continuing demand for virtual health care services across all health care sectors. Terms of the deal were not disclosed.

InnovAge will also partner with Jetdoc to develop a virtual care and remote patient monitoring platform for participants and caregivers of the Program of All-inclusive Care for the Elderly (PACE). The platform will be designed to support the unique PACE interdisciplinary care model, in which each senior in the program has a team of medical experts assigned to their care team. Alice Raia, chief information officer of InnovAge, has joined Jetdoc's board of directors.

[innovage.com](http://innovage.com)

## **Cressey & Company Invests in Home Care Pulse**

Cressey & Company LP, a private investment firm focused on health care services and information technology businesses, announced it has made a significant growth investment in Home Care Pulse, a provider of satisfaction management, training and performance benchmarking solutions for the homecare industry and other post-acute markets. The investment will be used to accelerate Home Care Pulse's product development efforts, amplify growth in existing and new markets and complete strategic acquisitions.

Founded in 2008, Home Care Pulse offers a technology platform that empowers providers to improve caregiver retention, patient satisfaction and care outcomes. The company also provides industry data through the annual Home Care Benchmarking study. Home Care Pulse

## **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](mailto:keasterling@cahabamedia.com).**

**SEPT 13-15 VGM Heartland Waterloo, Iowa**  
[vgmheartland.com](http://vgmheartland.com)

**SEPT 18-22 NHCPO Interdisciplinary Conference 2021 Memphis, Tennessee**  
[nhcpo.org](http://nhcpo.org)

**SEPT 28-29 Medical Alert Monitoring Association Conference 2021 Chicago, Illinois**  
[medicalalertmonitoringassociation.com](http://medicalalertmonitoringassociation.com)

**SEPT 29 AAHomecare Washington Legislative Conference 2021 Virtual**  
[aahomecare.org](http://aahomecare.org)



## MERGERS & ACQUISITIONS

**June 16, 2021** Humana to Acquire One Homecare Solutions

**July 13, 2021** Jet Health Acquires Signal Home Health & Hospice

**July 15, 2021** Mission Healthcare Acquires Healthy Living Network

**July 28, 2021** Choice Health at Home Acquires Alpha Home Health and Hospice

**July 28, 2021** H.I.G. Capital Announces Sale of US MED

**Aug. 3, 2021** WellSky to Acquire Healthify

**Aug. 2, 2021** Honor Acquires Home Instead

**Aug. 12, 2021** Sharecare Acquires CareLinx

currently supports approximately 3,500 providers across home health and facility-based care settings.

DC Advisory and Waller Law acted as financial advisor and legal counsel, respectively, to Home Care Pulse, while Brentwood Capital Advisors and Ropes & Gray LLP acted as financial advisor and legal counsel, respectively, to Cressey & Company for the investment.

[homecarepulse.com](http://homecarepulse.com)

### Fair Health Receives Grant

The national independent nonprofit FAIR Health has recently been awarded a grant from the John A. Hartford Foundation, a national organization dedicated to improving the care of older adults, to pilot a new set of shared decision-making (SDM) and other health care engagement tools geared toward older adults with serious illness. The initiative, which launched July 1, will include a robust dissemination campaign and evaluation of the new tools.

Shared decision-making, or the collaborative conversation between clinicians and patients and/or their caregivers to decide on treatment options that incorporate patient values and preferences, has shown promise for increasing patient satisfaction, reducing decisional conflict and increasing adherence to clinical recommendations. SDM tools may also reduce unnecessary spending on health care for both patients and providers.

Research has demonstrated that SDM tools have particular promise in geriatric care. The active involvement of older adults in decisions about their care has been

associated with a decrease in depression and an increase in clinical knowledge.

FAIR Health will conduct a needs assessment to inform the project, including the design of a set of new health care engagement and SDM tools. The project will also feature an educational campaign to test different strategies geared toward older patients and their caregivers in media markets nationwide.

[fairhealth.org](http://fairhealth.org), [johnhartford.org](http://johnhartford.org)

### Proactive Medical Products Lands on Inc. 5000

Proactive Medical Products is No. 1,978 on the annual Inc. 5000 list, a ranking of the nation's fastest-growing private companies. The list offers a look at the most successful companies within American independent small businesses

"Proactive Medical Products is honored and humbled by our customers' continued support, loyalty and trust to deliver high-quality medical products," said company CEO Brian Goldstein. "This accomplishment and recognition is shared with all the hardworking, dedicated and innovative employees at the Proactive Medical family."

The average median three-year growth rate of companies on the Inc. list has soared to 543%, and median revenue reached \$11.1 million. Together, those companies added more than 610,000 jobs over the past three years. The full list of companies can be found at [inc.com](http://inc.com).

[proactivemedical.com](http://proactivemedical.com)

## INDUSTRY MOVES

**July 6, 2021**  
Humana Names Susan Diamond Chief Financial Officer



**July 6, 2021**  
Maryann Lauletta Appointed Chief Medical Officer for Dina



**July 13, 2021**  
Scott LaRue Named to Notable in Health Care List



**July 23, 2021**  
Rob Queener Joins IntellaTriage Executive Team



**July 27, 2021**  
Josh Anderson Joins Sunrise Medical Team



**Aug. 3, 2021**  
Jennifer Maxwell Joins Element5 Board of Directors



**Aug. 3, 2021**  
Jet Health, Inc. Appoints Jake Massacci VP of Human Resources



**Aug. 9, 2021**  
Anton Hie Joins AdaptHealth as Vice President, Investor Relations



**Aug. 10, 2021**  
Sean McDougall Joins VERTESS



# Legislation to Expand Access to Homecare

## The Choose Home Care Act of 2021, S. 2562

By Kristin Easterling

A bipartisan Senate bill introduced in late July would increase Medicare beneficiaries' access to home health after hospitalization. The Choose Home Care Act was introduced by Sens. Debbie Stabenow (D-Michigan) and Todd Young (R-Indiana), with Sens. Ben Cardin (D-Maryland), Bob Casey (D-Pennsylvania), Susan Collins (R-Maine), Maggie Hassan (D-New Hampshire), and James Lankford (R-Ohio) signing on as co-sponsors.

If enacted, the Choose Home Care Act would enable eligible Medicare patients to receive extended care services as an add-on to the existing Medicare home health benefit for 30 days after hospital discharge. The act would help seriously ill individuals recover safely at home, increase patient and family satisfaction and reduce the risk of exposure to COVID-19 or other infectious diseases. The act also saves the Medicare Trust Fund money by avoiding nursing home and skilled nursing facility costs for some patients who are able to receive nursing home-level care in the home.

By offering services such as skilled nursing, therapy, primary care, personal care, remote patient monitoring, meals, home modifications and non-emergent transportation in the home setting instead of in a skilled nursing facility or other institutional setting, the Choose Home model would create significant cost savings for the Medicare program.

### DID YOU KNOW?

**An analysis by Dobson/ DaVanzo shows the Choose Home model would save as much as \$247 million annually in avoided skilled nursing facility stays.**

### STATUS »

The Choose Home Care Act was introduced in the Senate on July 29, 2021 and referred to the Senate Finance Committee.

## INDUSTRY ENDORSEMENTS

Beneficiary advocacy groups have identified care delivered in the home as a key strategy in improving the health and safety of older Americans. These include:

- The National Association for Home Care & Hospice (NAHC)
- AARP
- LeadingAge
- Allies for Independence
- The National Council on Aging
- Moving Health Home
- The Council of State Home Care & Hospice Associations
- The Forum of State Associations
- The Partnership for Quality Healthcare (PQHH)

"Given the many benefits of accessing health care and support services at home, as well as the importance of protecting vulnerable patients from COVID-19 and other infectious diseases, this must-pass legislation would go a long way to improve seniors' health in a safe, cost-effective way," said NAHC President William A. Dombi. "Thanks to the leadership of Sens. Stabenow and Young, we are one step closer to achieving that goal."

"As policymakers consider proposals for moving more care into the home setting, Choose Home is an excellent solution that would protect our nation's most vulnerable seniors by giving them the option to receive nursing home level care at home after being discharged from the hospital," said Joanne Cunningham, executive director of PQHH. "More broadly, Choose Home is a first step toward modernizing the Medicare Home Health benefit by expanding access to care in the home for more Medicare beneficiaries."

**LEARN MORE»** Follow the bill's progress at [congress.gov](https://www.congress.gov).

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**AAHOMECARE**  
American Association for Homecare



## HME: ACCREDITATION

# A Path for Professional Growth

## How becoming a CDME specialist can help your business

By Matthew Gruskin



MATTEW GRUSKIN, MBA, BOCO, BOCPD, CDME, is the credentialing director for the Board of Certification/Accreditation (BOC). He leads the direction, strategy, policies and day-to-day operations of the business accreditation and professional certification programs at BOC. With a focus on credentialing program standards and the delivery of excellent customer service, Gruskin enjoys sharing his experience and expertise with audiences as both a speaker and an author. Before joining BOC, he spent 10 years in clinical practice, specializing in orthotics and prosthetics. Visit [bocusa.org](http://bocusa.org).

If you're a home medical equipment (HME) or durable medical equipment (DME) provider, you may be interested in exploring ways to gain a competitive advantage and enhance the credibility of your company. Or, if you're a professional in the field, you may be wondering what professional certifications exist that can add value to your career. You might want to consider a unique certification tailored to the HME/DME profession that benefits both individuals and their employers—the Certified Durable Medical Equipment Specialist (CDME).

A CDME is well-versed in all aspects of DME, including prescription verification, intake processing, product selection, dispensing and/or equipment setup, regulations, documentation, billing, compliance and performance management. Whether you're a seasoned professional or new to the field, this certification is a way to substantiate your knowledge.

In a recent survey by the Board of Accreditation (BOC) about the CDME, which it created, 91% of respondents would recommend the credential to others and 72% said it had a positive impact on their job. If you're considering earning the CDME credential, it's important to understand a CDME's role, the pathway to certification and its benefits.

### Scope of Practice

A CDME's scope of practice includes client interaction, practice management, professional development and responsibility, and product and/or supply selection.

### » Client Interaction

While in-person or virtual appointment options vary by provider, all CDME interaction begins with patient intake. During this intake process, you obtain the client's information, validate the patient's prescription and determine benefits eligibility. CDMEs educate the patient on how to safely use their supplies and devices in compliance with federal, state and local regulations.

### » Practice Management

CDMEs ensure that businesses operate in compliance with the Centers for Medicare & Medicaid Services' quality and supplier standards. Quality standards are a guide for DME and prosthetics, orthotics and supplies (DMEPOS) providers organized into two sections: supplier business services requirements and product-specific service requirements. Supplier standards are payment rules for items furnished by DMEPOS suppliers and issuance of DMEPOS supplier billing privileges. An additional example of practice management is keeping up with required ongoing continuing education in areas such as infection control and privacy.

### » Professional Development & Responsibility

Those who have received CDME certification are qualified to manage product inventory, handle basic repairs and perform home inspections supporting wound care, respiratory equipment and enteral supplies.

While ensuring compliance with universal precautionary procedures and occupational safety and health rules, a CDME is also responsible for documenting any patient issues and communicating with pertinent members of the health care team to ensure a seamless patient experience.

#### » *Product and/or Supply Selection*

A CDME provides the appropriate equipment or supplies that meet applicable standards and guidelines and are in good working order to help the patient.

### **3 Steps to Certification**

#### *Step 1: Fulfill the Prerequisites.*

To earn a DME certification through BOC, you must fulfill the prerequisites, which are a high school diploma (or equivalent) and 500 hours of DME experience. These 500 hours equate to roughly three months of experience. If you're new to the DME field, these hours can be quickly accumulated by shadowing another employee virtually or in-person. BOC recognizes earning experience hours may be challenging in some circumstances and can assist applicants who need help accumulating hours.

If you're a HME/DME provider or more seasoned DME professional, you most likely already have the "on-the-job" hours of experience required.

#### *Step 2: Apply for the Program.*

After your prerequisites are complete, you must submit an application to BOC online or via mail. You do not need to submit proof of patient care hours with your application, but you should have a record of these hours that you can provide on request or in the case of an audit.

#### *Step 3: Complete an Exam.*

After application, you will need to complete a 115-question multiple choice exam that assesses your entry-level competency and knowledge of DME. If you're already working in the field, you may need less preparation than someone new to the profession. However, if you prefer having

more background information, BOC provides detailed content outlines for your review to help you prepare, and the exam can be taken either virtually or in person. Virtual exams are conducted with live remote proctors, and all you will need is a quiet space and a computer with an internal or external camera. You will receive the results of your exam immediately.

### **Maintaining Certification**

After you are certified, it is important to stay up to date on the latest technology and process improvements in the DME industry. To continue your professional development and maintain your credential, you will need to renew your certification annually and fulfill five-year continuing education requirements.

You can earn continuing education units (CEUs) online or in person. Over the course of five years, those with certification must complete at least 10 CEUs; each unit is roughly equivalent to one hour. BOC offers a variety of resources to aid in completing these education requirements, including listing learning opportunities online and providing a personal web portal for tracking CEUs and deadlines.

### **Benefits of the CDME Credential**

Becoming a CDME helps you set the bar for recognized excellence and inspires confidence. When the CDME credential appears after your name, it helps assure employers and patients that you're well trained and are held to the highest standard. Your certification belongs to you even if you change employers, and it demonstrates your expertise. For job seekers, this credential enhances your résumé and increases your

chances of getting hired.

For business owners, there are multiple ways that employing CDMEs can benefit your company and differentiate your organization. Having certified staff demonstrates professionalism and reliability. Medicare's human resources management standards require technical personnel to be knowledgeable, competent and trained to deliver products—the CDME certificate helps suppliers meet these standards. CDMEs also help your team understand and manage risk and limit fraud, waste and abuse.

By explaining to your customers that you employ certified staff, you can also increase customer satisfaction and enhance your company's credibility.

Employing CDMEs also opens doors when marketing to new referral sources. Your certified staff can offer in-service options and education to a prospective practice, demonstrating immediate value. When delivering a product, be certain to showcase your CDME credentials (for instance, by taping a business card to a product box). That increases your business's visibility and offers you and your staff as an immediate resource for DME equipment and supplies.

Lastly, CDME credentials can help when contracting with third-party payers. They demonstrate that you are providing quality patient care by employing a proven and knowledgeable professional who will deliver the appropriate prescribed equipment. These staff credentials also offer payers the additional assurance of knowing you're in compliance with Medicare and DMEPOS accreditation standards. **HC**

## **Having certified staff demonstrates professionalism and reliability.**

## IN-HOME CARE: SCHEDULING

# Why You Should Throw Away Paper Schedules

6 ways software simplifies the process of managing caregivers

By Elena Jonathon



ELENA JONATHON is director of customer success for the Caresmartz Company in Pittsford, New York. Caresmartz provides a complete suite of advanced homecare software, CareSmartz360, which gives control over all aspects of homecare business management. Jonathon is a homecare business strategy leader with more than seven years of experience in the industry. Visit [caresmartz.com](https://caresmartz.com).

For homecare agencies, manual scheduling processes can hamper business growth. An agency that carries out its day-to-day activities through a scheduling software will have an edge over the agencies that handle operations manually. Manual scheduling can introduce errors, which affects an organization's image in the long term.

Optimizing your scheduling process allows an agency to better manage caregivers' schedules, deal with changing availability and callouts on short notice, and assign tasks without the need to leave voicemails and repeat the shift details with multiple employees. If everything is pinned down ahead of time and emergencies are controlled by a single click, the process is simplified.

Scheduling software is designed to help providers control the whole workforce, keep track of client information and schedule appointments. This matters because even a single missed appointment can lead to clients missing care needs and families rushing to adjust their plans to take care of their loved one, which creates an unpleasant client experience.

### Managing Time More Efficiently

The best homecare software can drive efficiencies and address many field challenges, such as communication, caregiver response and scheduling. Here are six ways that scheduling software can simplify the process of managing caregivers.

### 1 It reduces task duplication.

Duplication of tasks happens when the process is done manually, hampering efficiency in your agency. Handling tasks with the help of software reduces the scheduler's workload by roughly 80%, which can free them up for cross-training in other areas of your business. The software creates a platform where everything from time, location, name of caregiver and client information is available. Accepting or rejecting a shift only requires a click. From a manager or owner's point of view, the software allows them to review schedules with a quick glance.

### 2 It allows you to easily update a caregiver's status.

In a fast-paced world where things change at the drop of a hat, businesses can't afford to spend time waiting for employees to respond to shift requests. A delay hinders the process of assigning tasks. The option of smart scheduling allows agencies to get real-time updates of the caregiver's plan, approved shifts, open shifts and no-shows. Based on these updates, agencies can assign duties to a caregiver who is available.

### 3 It creates schedules quickly.

Homecare scheduling is considered a laborious task. Scheduling software makes the process run smoothly.

### 4 It eliminates pending shifts.

In the event that a caregiver fails to accept a shift, the software alerts the





## If an agency gets stuck on the first task of the day, all other processes are halted.

agency. Managers do not have to hustle to find who rejected the shift and who accepted. Technology allows agencies to reach out to several caregivers all at once, saving time and effort.

### **5 It increases coordination.**

Needing to call to know whether or not a caregiver has accepted the shift disrupts coordination in your agency. You might have to wait hours for the answer, affecting workflow. By using software, caregivers and agencies can cut down administrative tasks and focus on putting their effort into offering quality care. Agencies simply select the name of a caregiver and assign the open shift, and the caregiver accepts or rejects it using a mobile app. This keeps coordination running between the employer and the employees.

### **6 It creates recurring schedules.**

Many scheduling software products will alert the agency to create a recurring schedule, if necessary. Such smart features are not available with manual scheduling. Creating a recurring schedule by date, time, day, month, week or year can be done. This prevents employers from rummaging through paper files to locate client and caregiver schedule preferences.

Scheduling is an important task and should be done with efficiency as it drives other processes of the homecare business. If an agency gets stuck on the first task of the day, all other processes are halted. For instance, if caregivers do not respond quickly and employers fail to reach others, clients' care needs will be affected. To prevent this, homecare agencies must adopt a comprehensive homecare software. **HC**

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## ROAD MAP: LEADERSHIP

# The Systems Mindset for the Homecare Business Owner

Visualizing operations for a better business outcome

By Sam Carpenter



SAM CARPENTER is the owner and president of Centratel Answering Service, which processes after-hours calls for home health and hospice operations throughout the United States. He has a background in engineering, construction management, publishing and journalism and is the author of two books.

There's a simple starting point for finally attaining the great bottom line and personal freedom that you've always wanted your home health or home medical equipment company to provide. Adjust how you view your business, and then manage from that new vantage point.

## A Personal Story

I was on the verge of losing my answering service business 22 years ago after a decade and a half of chaotic, crisis-laden 80- to 100-hour work weeks (and related personal health and family challenges). I woke up one night to the realization that my business was a collection of mechanical, written and human systems. In that moment—an existential-level personal awakening—I was stunned by a profound reality that had been invisible to me up until that moment. I saw that my business, and indeed my entire life, was and is a collection of independent systems (or processes), each of which executes over time to produce a particular result.

With this clear and more accurate perspective, I could manage each of those individual systems so they would produce perfect results. So that's what I did. One by one, I isolated and then perfected each of the processes of my operation, optimizing

the most dysfunctional ones first. Today, I am fortunate to work maybe one hour a month, and I have more income than my family needs.

## Visualizing Your Operations

As the owner of a homecare business, are your days filled by putting out fires? Is your bottom line a problem? Are there any employee or customer issues? Do you work long hours and hard days, but things never improve? How does this affect your home life?

Take a moment to visualize your operation more accurately. How do you see it right now? Is it a swirling mass of sights, sounds and events? Is it emotionally and financially whipsawing you and your staff? Is it affecting your home life?

If any of this is true, perform this quick exercise to get a feel for what I call the systems mindset solution: Take a deep breath, relax and contemplate your immediate surroundings. If you're in your office, consider the lighting, the copier, the computers, the electrical system, the internet and telephone network, the heating ventilation and air conditioning (HVAC) system and the multitudes of procedural protocols in place.

What do they have in common? They are all separate from each other! And each executes its own individual protocol to produce a specific result.

You can do this brief mental exercise anywhere, anytime: driving (but keep your eyes open!), walking, exercising, playing

**Your homecare business is 100% due to a number of constantly executing independent processes.**

with your kids. It's a pleasant reflection that will keep your mind straight.

Now, go one layer deeper in your visualization to internalize this simple mechanical reality about your business: In this moment—whether you like it or not—the condition of your homecare business is 100% due to a number of constantly executing independent processes, each of which is producing a result. Internalizing this reality is the largest part of the systems mindset.

Could it be that you have not been managing the systems of your operation—so that too many of them are executing randomly? Once you can see these systems of your business, you can isolate and repair each of them, one at a time, until you get your desired results. You don't fix the

internet if the HVAC is broken. When you start to experience how effective this posture is, you will never go back to your previous mode of management.

Bottom line, your business is a collection of independent systems, most of which you can closely manage. Once you really get the systems mindset, the creation of prosperity and peace will only require that you take logical, simple, mechanical steps—one after the other.

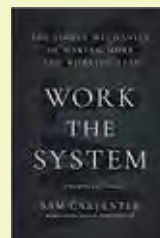
This is leadership in its most potent form. Seeing your existence from this systems-mindset perspective and then acting on it will quickly change your life. The results you've always wanted will come hard and fast. You'll never go back.

Go ahead. Quietly look around. Go one layer deeper. **HC**

## GET A FREE BOOK

The author is offering 500 free hardcover copies of the February 2021 edition of his first book, "Work the System: The Simple Mechanics of Making More and Working Less," to HomeCare readers. To receive one, email your mailing address to [work@centratel.com](mailto:work@centratel.com) before March 1, 2022.

Carpenter's second book, "The System Mindset: Managing the Machinery of Your Life," is available for free download at [thesystemsmindset.com](http://thesystemsmindset.com).



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## TECHNOLOGY

# The Automation Revolution

## 3 types of technology bringing real change to care—quickly

By Steve Popovich

The one constant in homecare is change, and change is coming as fast as ever. Recent mergers demonstrate the promise of technology in solving the perennial problems in the homecare industry: staffing, increased demand for services, and increased expense and complexity of delivering care in the home. And did we mention staffing?

One way industries in crisis cope is to reinvent themselves with technology. We have seen major technological transformations in manufacturing, banking, entertainment, retail, publishing, travel and transportation—changes that have only accelerated during the pandemic. Technology has radically changed these industries, improving their efficiency and their ability to serve consumers. Transformative technology not only creates new choices for consumers and businesses but also serves them better at lower cost.

Technology companies for the homecare industry are building systems to automate back-office functions like scheduling, staffing, billing and more. What has been sadly lacking are systems that are focused on the front end—the critical point of care, where resources are stretched ever thinner.

So far, technology for homecare at the point of care has focused on unique answers for every problem. Devices abound but most don't talk to each other. During the public health emergency, the problem was interacting without being present in person. Many clients installed internet, bought a tablet and thought that was it. However, even this seemingly simple technology requires continual oversight and can be more than what a user can handle day-to-day. All of the different technologies to address multiple conditions—tablets, modems, personal

emergency response systems (PERS), medication management, motion detectors and clinical devices—can quickly become overwhelming. None of these “solutions” work with each other. Even a major retailer who provides technical services for seniors in their homes focuses on what we would call home automation, rather than solving the care puzzle. The only option is to throw people at the care side to fill the gaps.

Let's change it. Let's think about how to use technology for care automation, not home automation. What are the keys to future success?

- Doesn't require an IT department to set up
- Recognizes each care journey has points of greater need and monitoring and times of less need
- Works together to automate and augment staff
- Provides good information, not just data, so that the care team can perceive, understand and think ahead
- Improves business operations, with a clearer picture of what is happening and needs to happen at the point of care

There are three major areas of technology development that will bring tremendous benefit in the not-too-distant future: wearables, highly precise monitoring and cloud platforms that understand the point of care. These technologies will transform simple fall detection into fall risk prediction, egress to wandering recovery and reactive care to proactive care management.

### 1 Wearables

Most people are familiar with PERS and health wearables like FitBits and smartwatches. None of these devices

provides a complete care automation solution. But new wearables can become the backbone of an affordable care automation solution. First, the wearable and its smartphone application for the family, plus a monitoring dashboard for agencies, gives full insight into a person's movement and activity in and out the home. Many clients are in the early stages of Alzheimer's disease or dementia, where activity is key to maintaining cognitive capability. With these wearables, clients can safely engage in their favorite activities, and agencies and families can provide gentle oversight and proactively reach them with hands-free voice communication when necessary.

Since these wearables are full cellular devices, they have the key capability of being able to connect any in-home Bluetooth device, whether clinical or nonclinical, to the cloud. Think of taking vital signs automatically with devices and immediately having that data available and analyzed—with actionable information sent to the appropriate caregiver if warranted. Think of all the care automation devices that you could add or remove as needs change: temperature, pulse oximeter, medication management and even all those home automation devices to monitor safety, which could let you know if the stove is on or whether the refrigerator has been opened.

By automating the monitoring, caregivers can provide more valuable care for clients, and agencies can make care recommendations based on clear data. Agencies have also partnered with care management companies that provide remote monitoring to minimize risk for the homecare agency. The homecare agency can expand its service offerings and upsell

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## New technology is coming to provide the next generation of monitoring in the home.

clients with these new capabilities. Remote monitoring can extend staff and improve outcomes for clients.

### 2 Highly Precise Indoor Monitoring

While wearables are the first step in person-centered care and provide the key capability of going with the person wherever they go, new technology is coming to provide the next generation of monitoring in the home—this technology is called Ultra-Wideband (UWB). UWB operates through radio waves and is highly precise, with the ability to “see” in three dimensions, through walls and to 10 centimeters of precision. It used to be very expensive and only used in industrial applications, but now it is being used in consumer devices. Think of UWB as always-on indoor radar. With just a few sensors in the home, your care team can have a 360-degree view of the client. It’s perfect for not just detecting a fall, but also for seeing what happened before, during and after an incident. Combined with the cloud, you can understand the patterns of behavior that can impact outcomes.

Unlike video monitoring, this technology is privacy-respecting, noninvasive and secure. You can see changes in a client’s activity, their ability to get up and stand, their sleep or any bathroom habits that would indicate a change in their well-being. Imagine how happy they would be if your caregivers could help them with a problem before it merits a trip to the emergency room. Imagine how grateful your clients’ families would be if your technology spotted an adverse change in behavior after a medication change. Imagine how thankful you would be if you could see if a caregiver is following the care plan. All of this is possible with highly precise technology with the brains of the cloud behind it.

### 3 Revenue, Costs & Risk

We’ve covered how risks can be reduced with technology, and how the costs of implementing and using technology are improving every day. Now, let’s look at a few ideas about how technology enablement can help your agency increase revenue.

#### » Sign up clients earlier.

We know the cost of in-person care is expensive for families. By supplementing on-site caregivers with remote monitoring technology, you can present a client with a lower initial cost. Cellular technology lets you start now, with even just one client.

#### » Cross-sell.

Families are looking for technology for the point of care and are willing to pay a few dollars a day to have it at the service of their loved ones.

#### » Upsell.

Technology delivers data about what kind of care a person currently needs. With this data, a family can more easily understand the need for additional services. Data-driven discussions result in better outcomes.

#### » Retain clients longer.

Because technology can help you assess a client every day, you can adjust their care plan accordingly. You will know when you can remove services that are no longer needed. And, how the client’s outcomes are improving with the right care.

The only constant with technology is that it gets better, cheaper and faster. It’s time to adopt it wholeheartedly at the point of care. Only technology can deliver the situational awareness you need to see how, when, where and why a client might need help, before they may even know themselves. Imagine how your agency can grow and thrive with situational awareness at your fingertips. **HC**

Steve Popovich, president and CEO of Clairvoyant Networks, is an innovator in the data communications field with than 30 years’ experience in executive management, enterprise sales, operations and marketing. He has been named fellow to the Texas A&M University Center for Population Health and Aging and is a frequent speaker on elder care technology and trends. His commercial innovations include both business operational innovations in quality control and manufacturing and technology innovations in multi-protocol connectivity, USB connectivity, the internet of things and sensor products, medical device products, and medical device-to-electronic-health-record connectivity. Visit [clairvoyantnetworks.com](http://clairvoyantnetworks.com).



# Metrics That Matter for Your Revenue Cycle

5 key data points you should review today

By David Hoover

In Arthur Conan Doyle's novel, "A Study in Scarlet," Sherlock Holmes says, "It is a capital mistake to theorize before one has data." More than a century has passed since Doyle released his novel, but Holmes' words still ring true.

The benefits of data are undeniable. With data, a company can hold itself accountable and align around key performance goals, repeat processes that benefit the organization and gauge weaknesses before the business is negatively impacted. Data's value in home health care is no exception.

According to the Centers for Medicare & Medicaid Services (CMS), there are more than 10,000 Medicare-certified home health organization in the United States, and in 2019, there were more than 5 million beneficiaries. About 10,000 Americans a day have turned 65 since 2010. With challenges generated by the COVID-19 pandemic and a growing desire for people to receive care in the home, these numbers reflect the large and competitive market that homecare organizations operate in.

Within this competitive market, there is a demand for new, innovative solutions to speed and secure business profitability. Data analytics can deliver on this demand.

Revenue cycle management is a key to success in the home health care industry, and as organizations continue to navigate the pandemic's aftereffects—along with new regulatory changes such as the Patient Driven Groupings Model—many are trying to re-establish a strong revenue cycle.

A strong revenue cycle gives organizations the ability to change, expand



**A strong revenue cycle gives organizations the ability to change, expand and grow for future success.**

and grow for future success. However, it is important for businesses to understand that, among the many metrics that exist, some matter more in building a strong revenue cycle, and, ultimately, in providing better care. They include the following.

## 1 Patient-to-Clinician Ratio

Across the United States, clinicians are being tasked with caring for an increasing number of patients as the months tick by. At the same time, the demand for home health and personal care aides is anticipated to increase by about more than one third

through 2026, according to the Bureau of Labor Statistics.

Inadequate staffing can slow down an organization's revenue cycle or reduce revenue through Low Utilization Payment Adjustments. Therefore, supporting a balanced patient-to-clinician ratio is key to maintaining a steady revenue cycle and consistent cash flow.

## 2 Time to Initiation of Care

Timeliness of care is a key metric that can cause revenue cycle challenges for organizations. Providing a metric that covers

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## METRICS THAT MATTER FOR YOUR REVENUE CYCLE



### PATIENT TO CLINICIAN RATIO

Inadequate staffing can slow down an organization's revenue cycle or potentially reduce revenue through Low Utilization Payment Adjustments (LUPAs).



### TIME TO INITIATION OF CARE

Timeliness of care is a key metric that can cause revenue cycle delays for organizations.



### CENSUS BY PAYER MIX

A diverse payer mix enables organizations to readily adapt to changes by not relying on a single source of revenue.



### DAYS TO PAYMENT

Measuring from the initial admit date to the payment date will help organizations understand the revenue cycle by payer.



### REJECTION AND DENIAL MANAGEMENT

Monitoring the percentage of claims that require additional time and resources to get paid is critical to protecting the revenue earned from the delivery of services.

the length of time from a patient's admission to completion of the initial visit can expedite revenue generation. Many factors can cause untimely initiation of care, including inadequate staffing, ineffective operational policies or quality assurance backlogs. Not only does the timely initiation of care support a healthy revenue cycle, but studies have also shown that the timely initiation and provision of care correlates with better clinical outcomes.

Continued measurement and reporting of this metric is important for home health care organizations, not only because they should identify the rates at which they provide timely care and build upon them, but also because ensuring that care is provided in a timely manner will affect quality assurance and performance improvement measures and improve an organization's Medicare Star Ratings.

## 3 Census by Payer Mix

We've covered how risks can be reduced with technology, and how the costs of implementing and using technology are improving every day. Now, let's look at a few ideas about how



technology enablement can help your agency increase revenue. Home health care organizations will want to ensure payer sources are diverse enough to provide payments in a timely manner as well as minimize the impact of payer reimbursement changes. All of this leads to a strong revenue cycle.

#### **4 Days to Payment**

Understanding the full revenue cycle will help identify changes to the cycle, predict cash flow and manage costs. Measuring from the initial admission date to the payment date will help organizations understand the revenue cycle by payer. Changes in this metric can identify operational issues, payer changes and scheduling opportunities to improve revenue cycles and cash flow. Understanding each payer's revenue cycle is key to appropriate staffing, scheduling and predicting cash flow.

#### **5 Rejection & Denial Management**

Monitoring the percentage of claims that require additional time and resources to get paid is critical to protecting the revenue earned from the delivery of services. Opportunities to improve claim acceptance and avoid payment delays, reductions or eliminations can be identified by monitoring a denial percentage or a first-run rate, which quantifies the number of claims submitted and paid without additional efforts. Reviewing the types of rejections and denials to identify root causes can help adjust operational practices or alter the payer mix to minimize the impact on an organization's revenue cycles.

#### **The Power of Prediction**

With a data set that is large and wide enough, organizations should be able to leverage the power of prediction. One of the key benefits of data analytics is being able to observe trends and pull from those observations to anticipate—or even influence—an outcome.

Rather than having a “wait-and-see” attitude, predicting outcomes and identifying changes in trends will help an organization refine future predictions and their operations.

In concert with foresight, repetition of a quality process is always a strong business strategy. However, replicating effective processes requires identifying practices that provide the best possible outcomes.

By leveraging data analytics, organizations can visualize and summarize key performance metrics and view historical trends in data. Then insights can be garnered and best practices can be developed to replicate processes and outcomes consistently. In the end, this provides improved patient outcomes and reduces costs. **HC**

David Hoover is the vice president of revenue cycle management at Axxess, where he leads the company's billing, electronic data interchange and payer management service teams. Visit [axxess.com](http://axxess.com) for more information.



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# Top Tech Devices to Offer Your Homecare Clients

The latest tools to keep patients healthy at home

By Mario D'Aquila

Every industry faced its own unique challenges created by COVID-19, but the common solution that kept business operations up and running was the use of sophisticated technology. Prior to the pandemic, many homecare providers had already incorporated high-tech devices into client care plans to address the shortage of home health aides, personal care attendants and nurses. Now insiders predict that technology will play an even greater role in serving the surging senior population that seeks to age in place.

According to the United States Census Bureau's 2017 National Population Projections, by 2030 all baby boomers will be over the age of 65. This means that one in five people will be retirement age. Inevitably, most will require assistance with the activities of daily living at some point. Innovative technological solutions will be the only way to meet this unprecedented demand for care; many are available now.

"The sheer volume of smart home and assistive devices currently on the market is astounding," said Nick D'Aquila, vice president of our company, Assisted Living Technologies, Inc. (ALT), which provides products to promote aging in place and increased independence for the elderly and those with special needs. "New products help create a virtual safety net that provides peace of mind for clients, their families and caregivers," D'Aquila added.

D'Aquila notes that wasn't the case 10 years ago when his father, Ron D'Aquila—the co-founder of Assisted Living Services,

Inc. (ALS), a family-owned homecare agency based in Connecticut—recognized how technology could enhance care and safety. Back then, it was hard to find products that met the company's standards, so Ron formed subsidiary ALT as a one-stop shop for other providers.

This also led to the creation of the award-winning ALS CarePlus program that blends personal care from a caregiver with sensor-based technology. Assisted Living Technologies provides one device free of charge, based on each client's care and safety needs. That might include electronic medication dispensers that remind patients to take medication, mobile emergency devices that help seniors feel comfortable leaving the house, personal emergency response systems (PERS) with fall detection technology that can automatically call for emergency help if the person is unable to dial the phone, and electronic cooking and fire monitors that will automatically turn off an electric stove that is left unattended.

D'Aquila said that an additional benefit of using technology is client retention, by allowing an elderly person to return to independent living at home after a health crisis. Employee retention is also boosted by reducing the stress of caregiving, since many devices monitor client behavior and provide alerts.

"If there are any positive outcomes from this past year, it's the acceptance of technology by seniors as a tool that keeps them happy and healthy in their own homes," said D'Aquila.

Here are some of the most popular categories of tech products for seniors that we offer at ALT, and which might be useful for your agency:

## 1 Fall Detection

Walabot HOME is the first and only automated fall alert system developed specifically for the bathroom, where 80% of falls take place. It is also one of the few fall detection devices that does not require a wearable necklace or bracelet. It is automatically activated without pushing a button.



Walabot HOME learns a home's bathroom, then continuously monitors it for a fall using the world's most advanced radio frequency sensors. It delivers four times more accuracy than other automatic fall alert systems while ensuring privacy. If a person falls, the designated emergency contact is notified through a two-way voice call and a text message. The alarm can be disabled simply by standing up.



## 2 Medication Management

ALS has achieved a 95% medication compliance rate for clients using electronic automated medication dispensers.



MedMinder provides both visual and auditory cueing, and can even send a call to the patient as a reminder, as well as notify caregivers if a regimen is not being followed. Styles range from simple pillboxes to a monthly model that can include pharmacist pre-filled medication inserts shipped directly to the client's home. Many models only open one correct compartment and lock the others to avoid accidental overdose.

## 3 Fire Prevention

Stovetop sensors automatically turn off an electric stove to prevent food from catching fire and potentially causing a house fire. Our favorite brands, FireAvert and CookStop, monitor for motion and unattended pots or are triggered by smoke.



Unattended and improper use of microwave ovens cause more than 7,000 home fires every year. Microwaves are also

**If there are any positive outcomes from this past year, it's the acceptance of technology by seniors as a tool that keeps them happy and healthy in their own homes.**

responsible for more emergency room injury visits than any other cooking device. Safe T Sensor is engineered to help prevent microwave fires by interrupting power to the microwave at the first sign of smoke.

SmartRange is the ideal safety solution for all glass top electric ranges. SmartRange monitors changes in the range's cooking temperature; if it detects a fire risk, it will signal a pre-alarm. If the pre-alarm is left unattended, the device will automatically shut off the range.

## 4 Emergency Response

MyHelp 4G LTE Cellular PERS works without a landline to allow a senior to call for help with just a push of a button. Simply press the waterproof pendant or wristband to reach an emergency medical dispatch-certified monitoring center to report any type of emergency.

MyHelp Go and MyHelp Go + GPS are part of a new line of mobile personal emergency response (mPERS) devices that offer help while away from home. The MyHelp Go can be tracked and located by local emergency services via cell tower triangulation. The MyHelp Go + GPS can be tracked and located by local emergency services via cell tower triangulation, Wi-Fi or GPS. It also has a mobile app that can be downloaded by loved ones to track the device.

## 5 Remote Monitoring

The Wellness Remote Monitoring System offers peace of mind and independence to both the caregiver and the individual. Discreet wireless sensors with multi-year batteries can be placed on beds, chairs, wheelchairs, and throughout the home on

doors and windows without drilling. A private web dashboard allows caregivers to stay in touch, set reminders and track wellness.

## 6 Home Safety

The Nest IQ indoor and outdoor video surveillance solution has an added level of security—a "familiar face recognition" technology that knows who should be in the home and who should not. The easy-to-use app can monitor in real time and receive a photo alert of a person 50 feet away. The Nest Hello Doorbell allows a full view of the doorstep. **HC**



Mario D'Aquila, MBA, is the chief operating officer for Assisted Living Services, Inc. and senior vice president of subsidiary Assisted Living Technologies, Inc. He is responsible for spearheading growth initiatives that placed ALS on the 2020 Inc. 5000 list of fastest growing companies. He can be reached at [mario@assistedlivingct.com](mailto:mario@assistedlivingct.com).

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3600	83600	with cell-on-cell mattress
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4600DXAB	84600DXAB	with side air bolsters

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- 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

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- 2 Year non-prorated warranty.

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

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- 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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- Pulsation adds gentle stimulation to increase blood flow.
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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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Item #	Description
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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# SELLING YOUR BUSINESS

## Building a DME Business With the End in Mind

Legal issues to consider long before you make your exit

By Michael Silverman

A wise man once said, “How you do anything is how you do everything.” In that vein, the time to begin preparing for the potential sale of a durable medical equipment (DME) business begins well before the first claim for reimbursement is ever submitted. Once you are approached by an interested buyer, the time has long passed for your business to self-audit for compliance; the damage will have likely been long done and the business forever tarnished.

While not intended to be exhaustive, this article provides a high-level overview of some regulations to keep in mind when operating a Medicare Part B-enrolled DME business that someone would ultimately want to purchase—and provides insight into the transaction process in preparing for sale.

### General Health Care Laws Applicable to DME Providers

#### » *The Stark Law (42 U.S.C. 1395nn)*

This statute prohibits self-referrals. Under federal law, DME is part of the definition of designated health services; as such, physicians are barred from referring patients to any entity they have a financial relationship with unless an exception applies. Penalties include civil monetary fines and/or exclusion from participation in federally funded health care programs.

The Stark Law applies to DME providers if a referral source (or immediate family member of such referral source) has a financial interest in the entity that they refer the equipment and/or supplies to. There are several exceptions to the Stark law, which



should be carefully examined against a DME provider's operations if a referring provider has a financial interest in the DME company.

#### » *The Federal Anti-Kickback Statute (42 U.S.C. §1320a-7b(b))*

This statute sets forth restraints on financial relationships between referral sources and health care providers. It is a violation of federal law for a referral source to receive anything of value from a DME provider—or for a DME provider to provide anything of value to a referral source—in exchange for referring business that is reimbursable by a federally funded health care program

(e.g., Medicare Part B for DME). Violations of this statute can result in felony criminal prosecution and/or civil monetary penalties.

This law applies to marketing relationships with any type of referral sources, whether it be with marketers or prescribing practitioners. There are exceptions to this statute that DME providers need to analyze their marketing practices against to ensure they are in compliance.

For example, bona fide W2 employees of the DME provider are exempt from such referral compensation prohibitions under the Anti-Kickback Statute. Additionally, there are statutorily recognized business



practices known as safe harbors (such as the Personal Services and Management Contracts Safe Harbor) that are applicable to marketing relationships with independent contractors. All elements of an applicable safe harbor must be met to safeguard against prosecution and/or penalties.

Those providers that do not bill federally funded health care programs need to be aware of state laws. While the Federal Anti-Kickback Statute only applies to federally funded health care programs, many states have enacted their own versions of this law that are more expansive because they include commercially insured and even cash-paying patients.

» ***The Beneficiary Inducement Statute***  
***(42 U.S.C. §1320a-7a(a))***

This statute prohibits health care providers from offering anything of value to a federally funded health care beneficiary for the

purpose of incentivizing the individual to receive products or services from a health care provider. Patient inducements can appear in many forms, including providing free services or gifts or a waiver of patient financial responsibility (e.g., copays or deductibles).

Where there is a law, there is often an exception: In certain circumstances, gifts of nominal value below specified thresholds do not constitute an inducement, and there are certain exemptions from the requirement to collect patient financial responsibility, such as in the event of a documented financial hardship.

» ***The False Claims Act (31 U.S.C. § 3729)***

This is a “catch-all” regulation, because if any law or regulation is violated in the process leading up to claim submission, it can also be considered a violation of the federal False Claims Act. This law

requires health care providers to ensure they refund the appropriate federally funded health care program if they are paid on claims they should not have been (due to noncompliance). Failure to refund can result in penalties.

The False Claims Act emphasizes the need for health care providers to regularly conduct internal audits to ensure that the claims submitted for reimbursement meet applicable payer requirements. If a claim is paid that should not have been, health care providers have a finite amount of time to identify and refund such paid monies before the False Claims Act is violated.

**DMEPOS-Specific Health Care Laws**

In addition to having to navigate the regulatory landmines presented by health care laws that are applicable to all types of health care providers, DME providers have another set of federal laws designed just

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## Once you are approached by an interested buyer, the time has long passed for your business to self-audit; the damage will have likely been long done and the business forever tarnished.

for them. It's time to consider the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) Supplier Standards.

### » *The DMEPOS Supplier Standards (42 C.F.R. 424.57(c))*

There are 30 total DMEPOS Supplier Standards that Medicare Part B-enrolled providers are required to abide by for purposes of obtaining and maintaining their Medicare billing privileges.

Some of these laws, such as DMEPOS Supplier Standard No. 1, the requirement to comply with all applicable federal and state licensing requirements and regulations, are extremely broad in scope; others, such as Standard No. 11 regarding restrictions on patient solicitation, are extremely specific.

Claims submitted by DME providers to Medicare that do not comply with any of the DMEPOS Supplier Standards can be considered improper claims that run afoul of the False Claims Act. Accordingly, DME providers need to be cognizant of the implications and requirements of each of the DMEPOS Supplier Standards to ensure all of the claims they submit to Medicare are compliant.

### Preparing to Sell

You have managed to walk the regulatory red tape tightrope and have run a profitable business. You have begun to garner some attention, and there is a party interested in purchasing your business. Let's discuss some of the ins and outs of the transaction process that you may encounter as you move forward.

### » *Nondisclosure Agreements (NDAs)*

Enter into this agreement before delivering any business or financial information to the prospective buyer, and make sure the definition of "confidential" encompasses what you need it to.

### » *Letter of Intent (LOI)*

This document sets forth a general outline of the terms and conditions that will ultimately wind up in the purchase agreement. After all, it's best to ensure the parties are on the same page before expending the time, energy and resources required to conduct due diligence and draft the ultimate transaction documents. The LOI will generally set forth:

- the type of transaction (e.g., asset versus stock);
- the purchase price and terms (e.g., lump sum upon closing?);
- the transition process;
- due diligence period and procedure; and
- whether there is a 'no shop' provision.

Pay particular attention to which provisions of the LOI are binding versus nonbinding.

### » *Due Diligence*

During this information exchange period, the prospective buyer will be provided access to certain financial, corporate and operational information (which should stay confidential pursuant to the NDA). This process should be completely transparent, as it allows the prospective buyer to access payer and regulatory compliance documentation to determine if they want to proceed with the transaction.

### » *Purchase Agreement*

The type of sale (i.e., asset versus stock) depends on the needs of the buyer.

In an asset transaction, Company A picks and chooses what it likes from Company B and plugs it into its existing operations. The liabilities of Company B will not be assumed by the purchaser, and the separate entities can continue to exist or Company B can be dissolved.

In a stock transaction, Company B—the entire entity—is purchased, including the good, the bad and the ugly. The buyer assumes all liability (even from prior to the closing) and Company B continues to exist after the purchase.

The distinction is very important because for DME providers, Medicare billing numbers, accreditations, state licenses and commercial contracts will not transfer to the purchaser unless they are pursuant to a stock transaction.

The purchase agreement will set forth representations and warranties about how the business has been operated (which must be true!), along with the terms and conditions set forth in the LOI. Pay close attention to indemnification provisions (total amount and duration), as well as restrictive covenants (e.g., the seller cannot own or operate a DME business within "X" miles for "Y" years). **HC**

Michael Silverman, JD, CDME, is an attorney with the Florida Healthcare Law Firm whose previous experience as in-house counsel to one of the nation's largest DMEPOS providers allows him to provide his clients with both expert legal and practical business insights. He can be reached at [michael@floridahealthcarelawfirm.com](mailto:michael@floridahealthcarelawfirm.com).

# How to Recommend the Right Lift Device to Your Customers

Patients can regain independence with self-transfers

By Craig Misrach

The liberty of getting out of bed in the morning and walking to a local coffee shop is considered an ordinary aspect of life for most. Unfortunately, more than 3 million people in the United States require assistance getting in and out of bed every single day. These individuals rely on caregivers and/or loved ones to transfer them from bed to wheelchair and vice versa. This process can be daunting, time-consuming and painful for both caregiver and patient.

Patient lifts, such as cloth slings, sit-to-stand lifts, scissor lifts and specialty “self-transfer” lifts can be effective solutions to these problems. Here are the most common situations for which the current transfer process can indicate the need for a patient lift, and some products you can recommend.

## Caregiver & Patient Injuries

The main reason for a transfer system purchase is to reduce injuries for both

caregivers and patients. In health care settings, the process of lifting and transferring patients is a leading cause of injury among workers. More than 52% of these individuals report chronic back pain and 10% leave their field of employment due to back injuries. These injuries tend to worsen over time, as repetition of movement—and imposing repeated stress on the body parts used for patient lifting—is one of the main causes of pain.



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According to the National Institute of Occupational Safety and Health, a caregiver transferring a patient without specialized equipment should not lift more than the recommended maximum limit of 35 pounds. This number can be even lower in circumstances in which the caregiver is tired, such as at the end of the day, or when the available space to perform the transfer is restricted. In other words, if a patient has a certain amount of mobility and simply requires assistance standing up without the need of being lifted above the ground, the caregiver is likely below the maximum weight threshold. However, if the patient requires any form of lifting, the caregiver is likely taking on more than the 35-pound limit, and a patient lift would therefore be required.

Caregivers are not the only ones who suffer injuries during the transfer process; patients are also at risk. Patients can suffer from bruising, muscle strains and pinching of the skin when being manually lifted by a caregiver. Additionally, should a patient be dropped during the transfer process, injuries can be far worse, with some cases leading to fatality. If the transfer process has become cumbersome, leading to the possibility of patient injury, a lift should be acquired.

### Diminishing Quality of Life

Family members and loved ones often take on the role of in-home caregivers to delay or avoid institutionalization and the costs associated with long-term care. There are currently more than 47 million Americans who provide unpaid, in-home care to adult family members or friends. These informal caregivers may experience a decline in their physical health due to the previously mentioned back injuries, and may also see a decline in their psychological health.

Informal caregivers tend to have higher levels of stress, depression and anxiety than their noncaregiving peers. These mental health symptoms are typically caused by the lack of time available in a day to properly balance work and caregiving, which can lead to exhaustion. Patient transfers take up a large amount of time and energy

for caregivers. Manual transfers can take up to 30 minutes or longer if only one person is performing the transfer. The average wheelchair user transfers eight times a day; that can add up to four hours of time spent by the caregiver exerting physical force. Ask caregivers how much time they are spending on transfers. If any type of manual transfer exceeds 10 minutes, a patient lift should be recommended. Lower transfer times and less physical lifting provide caregivers with more available hours in their day and increased energy levels. It is therefore imperative to recommend a patient lift to any caregiver suffering from a decline in their health.

Patients can equally experience a decrease in their quality of life regarding their transfer process. Relying on a caregiver to be transferred multiple times a day can cause patients to lose their sense of independence and autonomy. Moreover, it can cause them to feel like a burden to their family and can create a sense of guilt, especially if their caregiver is experiencing physical and/or psychological distress stemming from the transfer process. Recommending a patient lift in this situation can help alleviate the stress and guilt experienced by the patient, while also doing the same for the caregiver.

### High Costs of Homecare Services

For those who hire external caregivers from homecare businesses, costs can rapidly accumulate. According to Genworth's 2020 Cost of Care survey, in-home health aids in the United States cost an average of \$4,576 per month—that's over \$54,000 spent on homecare services in a year. Many homecare services charge by the hour. This means that if fewer hours are spent by the hired aid managing the patient transfer process, fewer costs will be incurred by the patient. As previously mentioned, a patient lift can significantly reduce transfer times, and could therefore be worthwhile in this situation.

### Self-Transfer Lifts

Should the patient have use of their upper body, a self-transfer lift or slide board might

be a viable and rewarding option. This could eliminate the need for a caregiver altogether, thus eliminating any costs associated with external homecare services, as well as limiting the strain on family members. Only recently has independent transfer been possible in ways that address the limitations of patient lifts. If the cost related to external in-home caregivers is of concern, acquiring a self-transfer lift could be a solution.

If a patient feels that they lack a sense of autonomy in their life, acquiring an electric self-transfer lift could help. Self-transfer lifts allow patients to transfer themselves using a remote control or buttons within the lift without the need for any caregiver assistance. This means that the need for a full-time caregiver could be eliminated, should the patient have mobility in their upper body, including hand dexterity, and be free of any cognitive impairments. No longer having to rely on a family member or loved one for the transfer process can help patients regain their sense of independence, and thus greatly improve their quality of life. In turn, it also liberates informal caregivers from many duties.

### Recommending a Lift

Once the decision has been made to purchase a patient lift, it is important to select an option that will ultimately alleviate any of the problems listed above. For the home medical equipment provider, recommending the right type of lift means getting to know your client to understand their needs. Types of patient lifts include fabric slings, sit-to-stand lifts, scissor lifts and specialty lifts, such as self-transfer lifts.

Selecting the appropriate lift for both the patient and caregiver involved is key to reducing injuries, achieving a better quality of life and decreasing or eliminating external caregiver costs. **HC**

Craig Misrach is a 20-plus year executive with a decade of CEO experience. Misrach currently acts as the president and CEO for UpLift, the first self-transfer system between bed and wheelchair for people with limited mobility. Visit [myuplift.com](http://myuplift.com).



## VALUE-BASED CARE

# Steering Into the Shift to a New Model of Care

4 insights to help your organization make this crucial change

By Julian Harris

It has been exciting to see how the government, payers and providers are embracing a shift toward value-based models of care across the continuum of care, buoyed by several innovative payment models from the Center for Medicare & Medicaid Innovation (CMMI). While the initial design of these models has been imperfect and the outcomes varied, CMMI's iterative test-and-learn approach has generated key lessons that continue to make the shift toward value-based care and payments promising.

Aligning financial incentives with improved quality of care, better outcomes for patients and reductions in the total cost of care is imperative. The programs that have been successful in achieving this goal represent key steps in the right direction to address growing health care costs and quality gaps in the United States. However, the shift to value-based care presents some unique opportunities and challenges for providers who care for patients in the home, either through primary care models or through home health.

### A Path for Expansion

The Home Health Prospective Payment System proposed rule issued by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2022 charts a path for nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) model—a recognition of its success so far. The model, which was developed as a pilot by CMMI and launched in January 2016, deployed a set of



quality metrics focused on improving care and reducing hospitalizations, and was successful at achieving those two goals. The measures include metrics such as influenza and pneumococcal vaccination completion rates, rate of unplanned hospitalizations during the first 60 days of home health, and the percentage of home health stays with an emergency department visit that did not result in a hospitalization. The proposed expansion of this model is an exciting development for CMMI and for home health agencies (HHAs), because the data underscores the critical role HHAs can play in optimizing quality and cost outcomes for patients in their care.

Medicare Advantage plans and their home health partners have also taken

note of the opportunity to leverage home health to accelerate their value-based care strategies. Humana's acquisitions of Kindred and One Home Care Solutions and Amedisys's acquisition of Contessa are examples of public health care services companies making bets on the potential of in-home care solutions that leverage home health.

### Improving Care Coordination

For patients with complex care needs, a value-oriented model of home health is a key part of the solution. However, given the fragmented nature of care delivery for older adults with complex care requirements, significant opportunities remain. For most patients, there is little coordination between

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## Aligning financial incentives with improved quality of care, better outcomes for patients and reductions in the total cost of care is imperative.

their care providers—including primary care, specialists, behavioral health, home health providers, personal care attendants and key social services. This fragmentation further underscores how important it is that home health providers take a thoughtful and proactive approach as they transition into value-based care arrangements and look for the right partners with which to collaborate on their journey.

At ConcertoCare, we tackle this problem by deploying an interdisciplinary care team of providers in support of patients who would benefit from an intensive model of in-home care. The company's model leverages technology to provide a combination of virtual and in-person supports, including personalized treatment plans for clinical care, behavioral health and a focus on addressing patients' unmet social needs. As a direct care provider that either serves as the primary care physician of record or as wraparound support for a patient's existing primary care provider, we are empowered to address the patient experience, quality of care and costs at every juncture of a patient's journey through the health care system—whether in the home, the emergency department, after hospitalization or in a palliative care setting. In local markets, we partner closely with patients' home health and personal care agencies in support of this model.

### 4 Insights for Home Health

Each home health and in-home care provider will have a unique approach as they transition to value-based care, depending on their model of care, patient population and strategic competencies. The most important questions for in-home care providers to start thinking about are: 1) What type of value-

based care model is most appropriate for your population of patients? and 2) How is your organization going to navigate the shift toward a value-based system of care?

Below are four insights to help guide home health providers as they start to tackle these pivotal questions.

### 1 Broaden your definition of health.

I previously worked as a clinician in a community health center and as an attending physician in a safety net hospital, where many of my patients had trouble accessing nutritious food, arranging for transportation to get to appointments and finding the financial means to make basic life purchases. Those experiences highlighted for me the importance of taking a holistic view of patients' health, and it is this view of patients' unmet social needs that has gained greater focus and attention in patient care in recent years.

Home health providers should take this a step further and recognize that loneliness and isolation are also key social determinants of health. A holistic view of health addresses not only physical and behavioral health but also patients' unmet social needs. In practice, this means focusing on both patients' chronic diseases and their comorbid mental health issues; on food, transportation and housing insecurity; and on providing resources to engage patients by providing companionship or social opportunities.

Under the HHVBP model, while the home health episode is limited in scope, it provides a unique opportunity to close gaps in care, such as with vaccinations. Over time, these episodes could also be viewed as opportunities to identify and address

patients' unmet social needs, including the need for socialization, and to help connect patients to community resources. In fact, CMS' new proposed rule asks for comments on ways that the rule can help to address health equity and the social determinants of health.

### 2 Focus on bringing in the right talent.

One of the biggest challenges for health care organizations as they grow is how to create systems and processes that reflect the needed focus on a range of core competencies, from compliance to long-term people strategy to technology and infrastructure. This is especially true for organizations that deliver care in the home. That's why building and hiring a phenomenal team that can scale with the business is such an important part of an organization's growth.

My advice has always been to hire exceptional people who embody your organization's mission and are passionate about seeing the company thrive. Transitioning a growing organization into value-based care arrangements certainly requires hiring competent people who understand the nuances of managing risk. But just as important is hiring people who help cultivate a culture of adaptability and flexibility, along with a recognition that it may take time to get things right.

### 3 View technology as an enhancement, not a replacement.

The COVID-19 pandemic has accelerated the deployment of technology—including telehealth and remote patient monitoring—in caring for patients. Many geriatric patients have experienced some form

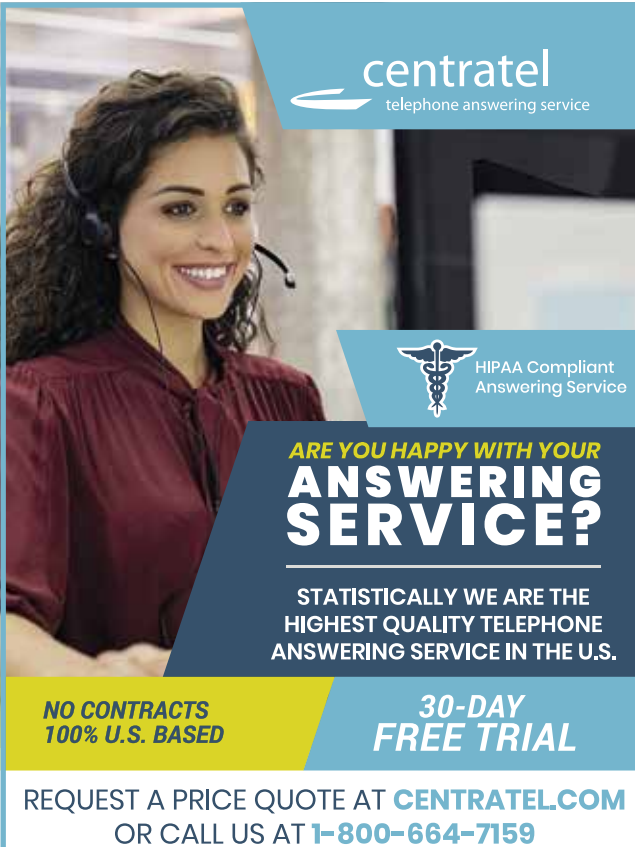
of virtual care for the first time in the past two years. Some companies have taken the view that technology naturally serves as a replacement for in-person care. I disagree, especially for complex care and geriatric populations, who benefit from intensive in-person care in the home. In my view, technology can enhance the effectiveness of providers and caregivers, enabling increased access to care and, through remote monitoring, real-time data exchange that enables more timely interventions. Moreover, there is a growing recognition that home health providers, supported by virtual access to physicians and other care team members, have the potential to play a role in helping patients receive urgent care and hospital-level care in their homes, which can be a critical element of succeeding in value-based care arrangements.

#### 4 Approach the emergence of PACE & the new direct contracting program as extenders of in-home health care delivery.

It is quite clear that demand for Programs of All-Inclusive Care for the Elderly (PACE) is expanding and offers a compelling proposition for home health care providers. PACE offers dual-eligible beneficiaries who need a nursing-home level of care a mix of in-home and center-based care that enables them to extend their ability to live at home. Although the PACE model is not new, the recent focus on home- and community-based services has reignited interest in the program. The PACE concept will likely provide an opportunity for organizations to rethink care models for patients who aren't PACE eligible. There are also elements of the PACE model that Medicare Advantage plans could have the flexibility to implement on their own. That is one of the elements about this moment that is so promising. Home health providers have the potential to play a meaningful role in optimizing the effectiveness of PACE programs in enabling patients to remain in their homes.

Although details are still evolving, the new CMS Direct Contracting model builds on lessons learned from the Medicare Shared Savings and Next Gen Accountable Care Organization Programs. Direct Contracting's flexible and dynamic payment and partnership options also provide an opportunity for home health providers to think creatively about their care models and to build partnerships with organizations that will enable them to collaborate on the management of quality and the total cost of care. **HC**

Dr. Julian Harris is the chairman and CEO of ConcertoCare, where he leads the tech-enabled, risk-based care company's efforts to provide in-home care for seniors and adults with complex health and social needs. Harris is also a health care services and technology partner at Deerfield Management Company. A primary care physician by training, he previously served as president of CareAllies, a portfolio of value-based care companies; as an adviser to Google Ventures; as the federal government's chief health care finance official in the White House Office of Management and Budget; and as the chief executive of the Massachusetts Medicaid program. Visit [concertocare.com](http://concertocare.com).



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## MEDICATION MANAGEMENT

# Working Together to Fight Medication Nonadherence

Why it's time to seek a serious solution

By Margaret Lu

At least 70% of adults took some form of medication in the last 30 days. While some might be short-term use for acute conditions, over half of adults have multiple chronic conditions and accompanying medications. When patients don't take their medications exactly as prescribed, everyone is quick to point to individual factors, with forgetfulness and willful defiance among the top contributors.

However, there are also systemic, socioeconomic and individual factors that contribute to poor medication adherence. What this means is that we as health care providers need to examine both systemic

and individual factors in a team-based approach to enable the patient to reach their best health outcomes.

## The Costs of Medication Mismanagement

As a patient ages, medication adherence becomes both more critical and more complex. The complexity of medication regimens, the seriousness of adverse effects and the frailty of old age all contribute to a \$100 billion to \$300 billion annual cost in the United States for hospitalizations due to medication nonadherence. For an individual patient, a hospital stay can be devastating in

terms of health and finances. Not only does it increase the patient's likelihood of being admitted to a nursing home, but it also contributes to the 60% to 65% of individuals with medical debt who file for bankruptcy each year.

Additionally, nonadherence is estimated to cause 125,000 avoidable deaths in the U.S. each year. In comparison, hypertension is the primary cause of just 36,000 deaths yearly. The stark contrast between a month-long global campaign to address hypertension and the complete lack of nonprofit and government support to address medication adherence issues creates an even starker contrast between the mortality statistics.

Between the financial burden and risk of morbidity and mortality, there clearly needs to be better support for seniors to adhere to their medications.

## The Adherence Support Gap

Eighteen years have passed since the World Health Organization released a paper deeming that medication nonadherence affects 50% of patients with chronic conditions in the developed world. Unfortunately, there has not yet been a mass organized effort to get nonadherence recognized and treated by national medical plans. There are both insurer and individual patient solutions on the market aimed at increasing adherence, including third-party reminder apps and high-tech medication dispensers. While initial uptake is high for reminders, enthusiasm quickly wears off,



# 70%

**At least 70% of adults took some form of medication in the last 30 days.**

leaving the patient back where they started before downloading the app. Additionally, reminders do not necessarily track intentional nonadherence, which means intentional omissions are not addressed in a timely manner. Just as the problem of nonadherence is multifaceted and complex, solutions need to address both individual and systemic challenges.

Comprehensive adherence management is available to select patient populations under certain situations but is certainly not the norm. For example, in a program in British Columbia, Canada, transplant patients receive frequent scheduled check-ins with a multidisciplinary team of physicians, nurses and pharmacists to ensure good adherence to the post-transplant care plan. The one-year rejection rate for transplant patients in British Columbia is less than 10%, compared to the 25% rejection rate reported elsewhere. While other conditions, such as diabetes and congestive heart failure, also demonstrate the need for adherence, there are fewer systemic supports available for these more prevalent conditions.

In part, this is due to the funding model around adherence—or the lack thereof. While Medicare and Medicaid are moving towards value-based reimbursement models, medication adherence is not a mandatory quality indicator. Insurers recognize the importance of taking medications correctly for good outcomes, but their insight is limited to mathematical factors such as refill records and medication possession ratio. In reality, someone needs to be there for the patient to interact with and learn good adherence behaviors. For effective adherence support, the intervention needs to be sustained over a protracted period, beyond the initial period of enthusiasm, to ensure the optimal patient outcomes.

### A Multifaceted Care Team Approach

While there have been some moves to improve adherence among certain providers and patient populations, there is still limited support for most seniors. With the plethora of options available, there is opportunity and access to improved medication



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adherence available for more dedicated families and homecare agencies. However, the question then becomes: Who can assume ownership of this massive health problem?

Addressing the socioeconomic contributors of nonadherence requires input from the prescriber, pharmacy provider and third-party insurance, as well as the patient or their family. There are a lot of stakeholders, making exchanging and tracking information and follow-ups burdensome. There are also power and knowledge inequities for the patients, who are expected to be their own advocates without the full medical or financial knowledge afforded to health care providers and insurers.

To help individual patients address their adherence concerns, those best positioned need to empower the patient to formulate and discuss their challenges with the appropriate provider. While prescribers and pharmacies are suppliers of diagnoses and medication, they can be inaccessible due to the volume of patients they deal with. Insurers have departments dedicated to access, but their processes are not easy to navigate or transparent to patients and their families. Of course, in-home care providers, either employed or family, are best positioned to help patients with adherence challenges, but they also experience gaps in medical knowledge and navigating the insurance system.

Whatever the solution, a sustained team-based approach comes with increased communication, clarity and quality of solutions. By involving prescribers, providers, homecare and insurers, all parties gain the same information and are more able to work on solutions to complex, multifactorial problems. This can start with the patient, but it can also start with homecare providers. Because they are literally in the patient's home, in-home care is best positioned to answer patient inquiries and encourage them to seek answers from their health care providers.

### Medication Adherence Presents an Access & Interprofessional Opportunity

Offering a medication adherence program and helping the patient through documentation and communication with health care providers is an enormous step toward addressing the challenge and finding a solution. While there are occasional adherence programs for a few special patient populations, widespread recognition and reimbursement (via Medicare or private insurers) will go a long way in increasing access and driving down overall health system costs. Medication nonadherence continues to be a widespread epidemic responsible for loss of life and loss of function—and the solution needs to be as complex as the problem. **HC**

Margaret Lu, RPh, PharmD, B.Sc, is director of adherence at CuePath Innovation, a medication monitoring solution. Lu is a registered pharmacist in British Columbia, Canada; she obtained her Bachelor's of Science in Immunology from McGill University and her Doctor of Pharmacy from the University of British Columbia. Visit [cuepath.com/care-providers/home-care-agencies](http://cuepath.com/care-providers/home-care-agencies) for more information.



## RESPITE CARE

# Putting Your Agency's Best Foot Forward

Presenting respite care offerings well can help clients & families while opening a door to more business

By Michelle Cone

I need a break. You need a break. We all do—but family caregivers need one more than most.

When they first approach a homecare provider, they're often tired and burned out. They may be unaware of or overwhelmed by the care options available. Some have resisted calling an agency, determined to go it alone. Some will have neglected their own well-being.

These are common experiences for the “sandwich generation:” adults in their 30s, 40s and 50s caught between the demands of caring for aging loved ones, managing young families and working full-time jobs. It can take something as small as a scheduling conflict, an illness or a looming work trip to bring them to the breaking point.

As a homecare provider, you understand that respite care is the immediate answer—

and the more immediate, the better it will be for potential clients.

Respite care can be short-term and flexible. It can be a few hours a day or several days a week. It can be provided at home, by an agency or independently; it can be offered by a facility or by a 9-to-5 adult day care center.

Respite care gives families time to recharge or take care of other needs, so that



they can be better, more focused caregivers when they return. The care recipient benefits too, thanks to a change in routine and the variety of having someone else involved in their care.

But what if the family doesn't yet see it that way? That's where first impressions—and the initial consultation you deliver—can make all the difference.

### **A Break Isn't a Luxury, It's Essential**

Oftentimes, a family caregiver's biggest concern about respite care is that no one will provide the same level of support and care they do. That's okay; you aren't aiming to provide better support, love and oversight for their family member than them. Your agency's goal is to be the best alternative to a family member.

Instead of trying to change their mind, acknowledge that they may be the best person to care for their loved one, then help them see how they'll be even better after a break. Make it clear that rejuvenating and reenergizing will allow them to provide even better support and care.

If nothing else, they'll appreciate the break, and their loved one will appreciate the improved care they provide on their return.

Let them know, too, that there's nothing abnormal about needing a break. Everyone needs one, whether it's a lunch break, a walk or a fun night out. Emphasize that taking time to take care of oneself is essential for mental health and overall well-being.

### **Respite Care Can Give Seniors More Choice, Not Less**

Making sure that the loved one is included in the decision-making process is important.

From the care recipient's perspective, respite care may sound like another instance of choices being taken away from them. So often, homecare providers meet seniors who feel that their daughter is telling them what to do, their son is telling them what to do, their physician is telling them what to do, and no one is listening to what they want and how they feel. Put the senior at ease by including them in the conversation and asking what they'd like to gain.

What do they need and want? Is it to walk the dog in their neighborhood or to get help with meal prep and medication reminders? Maybe they just want companionship, or to be taken to a social gathering or the beauty shop. Maybe they want to do some baking or cooking but it's difficult because they struggle to operate the stove or read measurements in recipes.

Some questions your care coordinator can ask include:

- In the time we're going to spend with you, are there certain things that you'd like to do more of?
- What challenges do you have?
- What things do you enjoy but find difficult without support?

Very often the family member, for time purposes and peace of mind, is doing these things for them. Your own caregiver is more able to involve the client, who might like to be involved in folding their own laundry with assistance. The caregiver also has time to say: Would you like to walk to the mailbox together?

Respite care can be a springboard into a more scheduled program—or not. However, the variety and change it brings has its own benefits. Talking options through with the care recipient helps them understand that you're there to empower them, not to take their choices away.

### **To Provide Value Faster, Be Prepared**

When families reach out to a homecare provider, there's often a lot of apprehension and nerves. They want to dip their toe in, test the waters and see how it goes—not only for their immediate peace of mind but for the future, too.

A diligent family will ask a lot of questions before feeling comfortable about someone else taking over their responsibilities. Some may include:

- How are you screening your caregivers and what training do they have?
- What experience does your agency have in caring for the aging population or the disabled?
- Can you provide transportation to

physicians' appointments or to run an errand?

- How long before a caregiver can be placed, and how will you match them to their loved one?

Being prepared in advance to answer these questions—or even to match a caregiver during the consultation—brings immediate value and sets you apart. You're now providing the peace of mind that, in the future, would help a family feel confident about adding more care hours and a steady schedule.

### **Be a Care Provider, Quarterback & Advocate**

The best care managers come to every consultation with a quarterback mentality. They know that there's no one-size-fits-all solution for every client, and that this means thinking creatively about opportunities to support the client both inside and outside of their agency.

For instance, a family might point out that their mother has lived in her home for 35 years but has trouble navigating it with her walker. Your care manager would know that your agency has a good relationship with a senior home modification company and can provide a recommendation.

A great care manager maximizes the value of your own offering by suggesting others who can complement it. They can reach out on the client's behalf and follow up to ensure that they're satisfied with any recommendations or referrals they make. What was the client's experience with the adult day care center? Did they feel comfortable? That cycle of feedback and following up is important so that you can continue to make referrals, deliver value and build long-term trust with the families you serve. **HC**

Michelle Cone is senior vice president of training and brand programs with HomeWell Care Services, franchised by HomeWell Franchising Inc., a nonmedical in-home care franchisor. A licensed home health administrator, she has more than two decades of extensive health care experience in the post-acute care space. Learn more about HomeWell at [homewellcares.com](http://homewellcares.com)



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# NEW ON THE MARKET

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

1



## 1 Cozee Battery Powered Heating Blanket

### PORTABLE HEATING PRODUCTS, LLC

The new Cozee battery powered heating blanket features "surge technology." This new offering gets the Cozee blanket warm within the first three to five minutes of use and can retain continuous heat for up to four hours. The Cozee assists those struggling with poor circulation or going through dialysis treatments; many treatment centers do not allow anything to be plugged into the wall. Visit [thecozee.com](http://thecozee.com).

*Check 200 on index.*

## 2 Little Wave Arc

### KI MOBILITY

The new Little Wave Arc is a stylish and lightweight pediatric tilt-in-space wheelchair with easy-to-use features for the caregiver and parent. The Arc name reflects the path of the rear roller guides, which minimize the movement of the center of gravity in a design that maximizes the mechanical advantage at both ends of the tilting stroke. In addition to the ease of use, the Little Wave Arc is designed with the latest high-strength, lightweight materials that accommodate plenty of growth while making the chair durable for the long term. Visit [kimobility.com](http://kimobility.com).

*Check 201 on index.*

2



## 3 CardioAccelerator

### LIFEWALKER MOBILITY PRODUCTS

The CardioAccelerator offers all the features and benefits of the original UPWalker with an added active cardio and upper body exercise. The CardioAccelerator is certified by the International Organization for Standardization for indoor and outdoor use. This unit has reciprocating armrests that provide for a wide range of motion that invigorates muscle groups like the arms, back, legs, core and heart. The CardioAccelerator can be used as an exercise machine or in the same way as the original UPWalker. Sturdy frame with user weight capacity up to 300 pounds. Visit [upwalker.com](http://upwalker.com)

*Check 202 on index.*

3





## 4 Guardian Alert PLUS

### LOGICMARK

With the Guardian Alert 911 Plus, your clients can communicate with a 911 operator at the push of a button anytime, anywhere, without a landline or cellphone. The pendant can be worn around the neck, wrist or in a belt clip on the waist. With this new technology, the coverage area is expanded to allow more freedom and more mobility. No monthly fees and no landline or cellular phone needed. Visit [logicmark.com](http://logicmark.com).

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5



## 5 Rejoice Plus

### NUTRITIONAL DESIGNS

Rejoice Plus is a patented over-the-counter liquid supplement made to help strengthen the bladder, urethra and pelvic floor muscles. Rejoice Plus once-daily dosing provides 24-hour protection against overactive bladder, stress and urge incontinence. Rejoice Plus contains five active ingredients, including pumpkin seed extract, Vitamin D and a prebiotic; it allows your patients to stay dry day and night without the side effects or the costs of prescription medication. Visit [ndlabs.com](http://ndlabs.com).

*Check 204 on index.*

6



## 6 Cellphone for People With Dementia

### RAZ MOBILITY

This one-touch dial picture phone is a model of simplicity. It consists of one primary screen, which includes three elements: Pictures and names of up to six contacts (with an option for up to 24); a button to call 911; and alternative RAZ Emergency Service to avoid unwanted 911 calls (requires a subscription). The screen also has the time, battery power and signal strength. There are no applications or settings to cause confusion. No notifications or operating system updates. No voicemail. Simply tap the picture of the person to place a call. Visit [razmobility.com](http://razmobility.com).

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7



## 7 Breeze Breast Pump

### RUMBLE TUFF

The lightweight Rumble Tuff Breeze Double Electric Breast Pump has a unique three-phase expression programming and up to 10 levels of suction for each phase. It is programmed with peak-enhanced waveform which maximizes the pumping efficiency of each pumping cycle. It also comes with a manual handle kit that can quickly convert one of the collect kits into a manual pump when needed. The pump has over 2,000 hours of use-life tested and features a two-year warranty on the pump motor and one-year warranty on other parts (wearable parts excluded). Visit [rumbletuff.com](http://rumbletuff.com).

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# SCOOTERS

## 1 Cobra GT4

### DRIVE DEVILBISS HEALTHCARE

The Cobra GT4 Scooter features a one-touch infinite tiller angle adjustment that allows the user to position the tiller at the ideal driving position. The ergonomic delta control handles make operating the scooter easier for users with limited strength and dexterity. The large air-filled, low-profile tires and full suspension provide the smoothest outdoor ride. Other features include a 22-inch-wide captain's seat, height-adjustable seat, fold-down and reclining backrest, auto-style slides for forward or backward adjustment, padded armrests and a high/low switch for instant speed control. Visit [drivemedical.com](http://drivemedical.com).

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1

## 2 GB120 Buzzaround CarryOn Scooter

### GOLDEN TECHNOLOGIES

The Buzzaround CarryOn fold-flat scooter is a portable scooter. It features an infinitely adjustable tiller, full front and rear lighting, and 300 pound weight capacity. The heaviest piece is 47.5 pounds. The CarryOn offers long-range coverage of up to 18 miles with a lithium ion battery pack. An optional airline-friendly battery is sold separately. The scooter disassembles into two pieces and is extremely easy to load into a vehicle. Designed to take up minimal space, it's only 12 inches high when folded without the seat. Visit [goldentech.com](http://goldentech.com).

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2

## 3 Travel Mobility Scooter

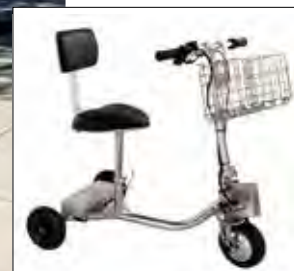
### HANDYSCOOT

The heaviest part of the HandyScoot travel mobility scooter weighs only 29 pounds, making it easy to load into nearly any trunk. It has three speed settings and a top speed of nine miles per hour. With a turning radius of 26 inches, it can master tight corners with ease. The HandyScoot is safe for airline travel and the rear axle is adjustable to fit narrow doors. The handlebar folds down for easy storage in small places. Features stainless steel construction and a lithium ion battery with a 15 mile range. Visit [handyscoot.com](http://handyscoot.com).

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3



## 4 Go-Go Endurance Li

### PRIDE MOBILITY PRODUCTS

With the Go-Go Endurance Li, traveling has never been easier! This four-wheel scooter has everything for a safe, convenient trip. With a standard eight amp-hour airline-compliant lithium-ion battery pack, the Go-Go Endurance Li is great for air travel. Feather touch disassembly provides portability and Comfort-Trac Suspension allows a smooth, comfortable ride. The Go-Go Endurance Li is a Food and Drug Administration Class II medical device. Transport of this item on commercial aircraft is subject to federal regulations and airline policy. Visit [pridemobility.com](http://pridemobility.com).

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4



# RAMPS

1



## 1 Entrada Commercial Ramps

### AMERICAN ACCESS

The Entrada commercial ramp system has been engineered for access to offices, schools, municipalities and modular buildings throughout the United States. The Entrada ramp system is compliant with the Americans With Disabilities Act (ADA), International Building Code, Building Officials Code Administrators International and the Occupational Safety and Health Administration and is designed to meet most federal and state code requirements. Visit [aaramps.com](http://aaramps.com).

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2



## 2 PATHWAY 3D Modular Access System

### EZ-ACCESS

The PATHWAY 3G Modular Access System is durably designed, quickly deployable and accommodatingly adaptable. This residential modular ramp system has the ability to stand the test of time and the rigors of repetitive use, thanks to its aluminum construction that provides a virtually maintenance-free solution that will not rust. With a variety of surfaces and handrail styles to choose from, the PATHWAY 3G can easily meet your customers' access needs. Offer a safe, accessible pathway for mobility device users by configuring a system today. Visit [ezaccess.com](http://ezaccess.com).

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3



## 3 Freedom Series Folding Ramp

### NATIONAL RAMP

National Ramp's new six-foot Freedom Series folding ramp is a convenient travel ramp for home or on the go. The Freedom ramp has a rubber hinge to minimize any gaps in the travel surface and prevent fingers from being pinched. It weighs a manageable 36 pounds, and when folded measures in at 15 inches by 3 inches by 72 inches. When unfolded, the ramp is 30 inches wide. It has a textured surface for slip resistance, a toe guard for safety and a flexible bottom transition plate for ease of use. Visit [homeaccess.nationalramp.com](http://homeaccess.nationalramp.com).

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4



## 4 RapidRamp

### PSS

Designed for a 6-inch curb, the RapidRamp can be placed in a location quickly and easily. The RapidRamp is engineered with a lightweight design that accommodates one-person installation and removal. Consisting of six pieces that easily fit together with no hardware required, RapidRamp fits conveniently in truck beds and most vans. The RapidRamp comes with a slip-resistant surface and approach plates for both ends. RapidRamp has a 1,000-pound weight capacity, increasing its practical applications. For shorter curbs, RapidRamp can be installed with fewer than six sections. Visit [pss-innovations.com](http://pss-innovations.com).

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5



## 5 EzEdge Threshold Ramp

### SAFEPATH PRODUCTS

EzEdge Threshold ramps are all made in the United States out of recycled tire rubber and are completely solid without weight limitations. Sizes range from half an inch to three inches in quarter inch increments. They carry the longest warranty in the market and meet ADA requirements. The image shows a StoneCap coated ramp, which make for an esthetically pleasing look. Most ramps ship the same or next business day, can be quickly installed and are worry free. Visit [safepathproducts.com](http://safepathproducts.com).

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# REMOTE PATIENT MONITORING

## 1 Synergy Cloud

### CIRCADIANCE

Synergy Cloud software allows clinicians to remotely monitor infants who are at risk for apneas, bradycardias or desaturations—reducing the length of stay for newborns in the neonatal intensive care unit (NICU) and making home infant monitoring more profitable for homecare providers. Synergy Cloud automates continuity of care from hospital to step-down to home for NICU graduates. Synergy Cloud is a web-based software that displays data from SmartMonitor cardiorespiratory monitors. Visit [circadiance.com](http://circadiance.com).

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## 2 Virtual Caregiving & Fall Safety Monitoring

### CONNECTED HOME LIVING

Connected Home Living's (CHL) turnkey remote care service is personalized for individual patients or clients and is designed to complement home health, private duty/in-home care, hospice care, assisted/independent living, hospitals/skilled nursing and insurance providers. CHL provides a new line of low-cost services designed to improve patient care and increase revenue and referrals without the hassle of starting a new telehealth program. Visit [connectedhomeliving.com](http://connectedhomeliving.com).

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## 3 SI Sensory Insoles

### ORPYX

The Orpyx SI Sensory Insoles are sensor-embedded custom insoles that detect advanced pressure, temperature and movement, sending feedback to an app-based display and alerting the wearer in real time to plantar pressures caused by peripheral neuropathy. This enables the patient to adjust behavior immediately to prevent damage from occurring. The sensory data is uploaded to the Orpyx SI cloud-based dashboard, where the data can be remotely monitored by health care practitioners between visits. Visit [orpyx.com](http://orpyx.com).

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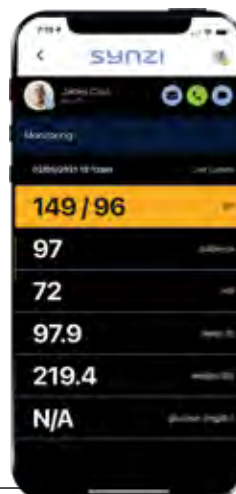


## 4 Remote Patient Monitoring

### SYNZI

Synzi's remote patient monitoring tool is fast and easy to implement. Patients can easily share their vital signs from a smartphone or tablet with Bluetooth-enabled devices and consumer products. Staff can monitor weight, temperature, blood pressure, blood oxygen levels, heart rate and glucose. The dashboard highlights real-time patient data and triggers alerts when a patient's data is out of a normal range. The platform is easy to use and cost-effective, as it doesn't require any additional hardware, software or setup. Visit [synzi.com](http://synzi.com).

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# BEDS & SUPPORT SURFACES

In this directory, HomeCare delivers a monthly breakdown of crucial sections of our annual Buyer's Guide, providing the most up-to-date information on the products and services your business needs. This month, we're featuring beds and support surfaces. Here and on [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide), you can find the essentials to help your business thrive. **HC**

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### 1. What is your job title? (Check only one)

- ☐ 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
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Purchasing Agent
- ☐ 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab  
Specialist, Other Licensed Medical Professionals
- ☐ 19 Sales/Marketing Rep, Mgr, Dir
- ☐ 20 Other (Please Specify) \_\_\_\_\_

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

- ☐ 01 Home Medical Equipment Provider
- ☐ 13 Hospital with HME
- ☐ 03 Independent Pharmacy/Chain Drugstore
- ☐ 15 Hospital with Home Health Agency
- ☐ 05 Home Health Agency/Nursing (Medical)
- ☐ 16 Hospice Agency
- ☐ 12 Personal Care/Home Care Services (Non-Medical)
- ☐ 14 Long Term Care Facilities (SKNF, Assisted Living)
- ☐ 08 Physical Therapy/Occupational Therapy
- ☐ 07 Manufacturer/Manufacturer's Rep Firm/Distributor
- ☐ 10 Other (Please Specify) \_\_\_\_\_

### 3. What other areas of business is your company involved in? (Check all that apply)

- ☐ 41 Home Medical Equipment Provider
- ☐ 42 Hospital with HME
- ☐ 43 Independent Pharmacy/Chain Drugstore
- ☐ 44 Specialty Pharmacy (Compounding/Infusion)
- ☐ 45 Hospital with Home Health Agency
- ☐ 46 Home Health Agency/Nursing (Medical)
- ☐ 47 Hospice Agency
- ☐ 48 Personal Care/Home Care Services (Non-Medical)
- ☐ 49 Long Term Care Facilities (SKNF, Assisted Living)
- ☐ 50 Physical/Occupational Therapy
- ☐ 98 None
- ☐ 99 Other (Please Specify) \_\_\_\_\_

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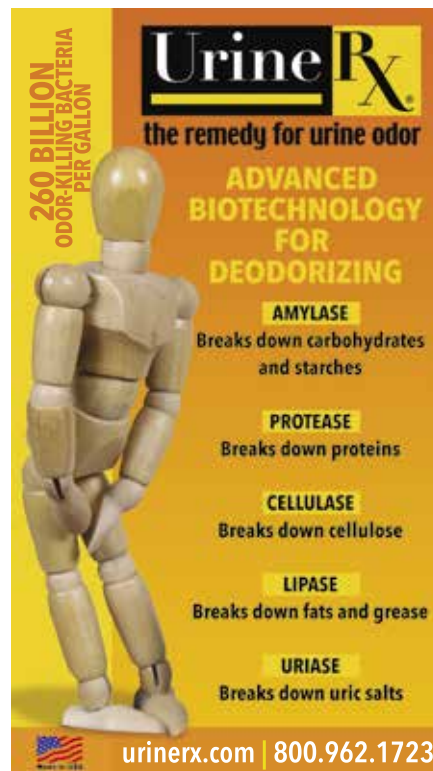
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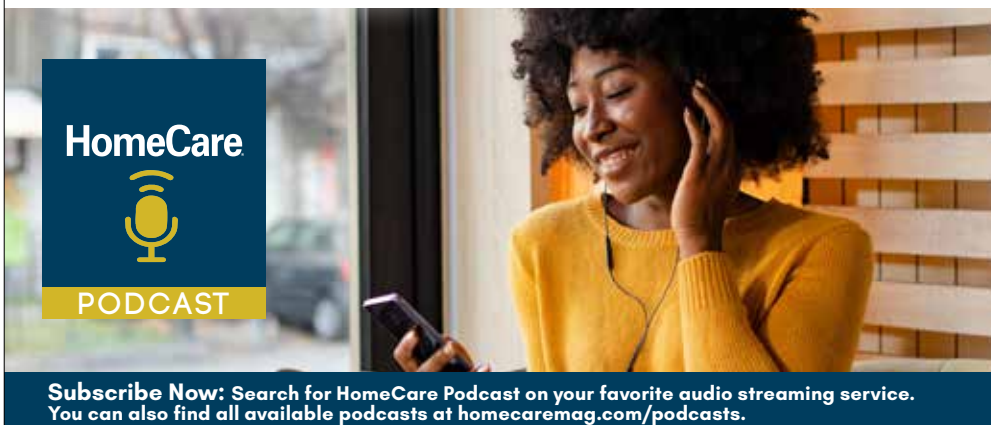
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# GRATITUDE

## Simple Ways to Show You Care

Ideas for offering moral support to clients' families

By Julie Cook Downing

Home health and personal care agencies provide an important service to seniors and their families. The decision to hire a professional caregiver can be a tough one—it's never easy to admit you need help. But when a family caregiver realizes that they need support and that care will happen successfully, their life will change for the better.

It's important to note that, although a family caregiver receives relief from some of their duties when they hire an agency, many family caregivers feel underappreciated for their work caring for their loved one. The patient is often unable to express love and appreciation, and others in their lives may overlook their duties or stressors.

Your agency can provide this boost. There are many tangible ways to demonstrate your support for family caregivers. Let's explore a few options to consider.

### 1 Consider discounting or delaying your billing services during the holidays.

This can be a boon for clients at a time when money is tight. Of course, this isn't easy for business owners on a tight margin. A delayed billing cycle may help your agency maintain margins at the end of the year while providing temporary financial relief for your clients.

### 2 Consider a physical gift, such as the Caregiver's Comfort Planner.

Inspiration, planning and organizing are needed by family caregivers to succeed in their many responsibilities. This planner provides an entire year of support from your business. The calendars include each



Many family caregivers feel underappreciated for their work caring for their loved one.

month on a two-page spread, allowing caregivers to track personal activities and the patient's appointments or medications. A large notes feature allows family members to jot questions for the doctor or home health nurse.

### 3 During any check-in or follow up with the family, express appreciation for their dedication to your business & their family member.

At this time, be sure to ask if there are further services needed and how you can serve them better. A handwritten thank you

card also goes a long way and can be sent after a patient is discharged.

Showing your clients appreciation for the work they do can make a difference in your reviews, referrals and more. If your clients feel cared for, they will take care of your staff in return. **HC**

Julie Cook Downing is the founder of Caregivers' Comfort Creations, which provides tools and resources for family caregivers. Downing realized the need for resources when she cared for both parents as they aged. Visit [caregiverscomfort.com](https://caregiverscomfort.com).



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- > Warmed humidification of air/oxygen to help provide therapy comfort and aid in mucus clearance<sup>1,2</sup>
- > Ability to supplement with 0-60 L/min oxygen and up to 100% FiO<sub>2</sub> depending on patient requirements
- > Unique one-piece tubing and cannula design permits heater wire all the way to the cannula nares to reduce condensation

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<sup>1</sup>Hasani A et al. *Chron Respir Dis*. 2008;5(2):81-86. <sup>2</sup> Roca O et al. *Respir Care*. 2010;55(4):408-413.

\* The softFlow is FDA cleared for flow rates up to 50 L/min and in hospital and long-term care facilities. The 60 L/min version and the home use version are being made available in the US under the FDA Enforcement Policy for Ventilators and Accessories and Other Respiratory Devices During the COVID-19 Public Health Emergency.

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