

HomeCare

OCTOBER 2020

THE LEADING BUSINESS
RESOURCE FOR HME & HOME
HEALTH PROFESSIONALS

HEMOCAREMAG.COM

*The
Medtrade
Issue*

HME
5 ways to pick an
equity partner

IHC
Why inclusivity
training makes a
difference

Special Section
HR & COVID-19

The Big Box Jumps In

*Home Depot & NSM look to make
waves in accessibility market*

+ *How coronavirus
is changing
aging in place*

Hi, I'm
Scott





E-LEARNING

OUR TRAINING + YOUR TRAINING = PERFECTION

Learn how dmetrain takes your content and builds beautiful courses with it.



SCHEDULE YOUR FREE DEMO TODAY
877.872.4633 | INFO@DMETRAIN.COM

Check 109 on index.

YOUR TRUSTED PARTNER IN ACCESS

FOR OVER 35 YEARS



EZ-ACCESS®

SAFE PATIENT HANDLING MADE EASY

WITH THE TILT® TOILET INCLINE LIFT

- **QUICK & SIMPLE
TO INSTALL**
- **OFFERS STABILITY &
HELPS PREVENT FALLS**
- **EASY OPERATION**



WHETHER YOUR CUSTOMER'S CONDITION IS TEMPORARY OR PROGRESSIVE, THE TILT ASSISTS WITH THE SIT-TO-STAND MOTION THAT MANY PEOPLE STRUGGLE WITH.

- **ASSISTS USERS THAT LACK CORE STRENGTH, HAVE LOWER EXTREMITY WEAKNESS, EXPERIENCE UNSTEADY BALANCE, ETC.**
- **EASES THE TASK OF TOILETING FOR BOTH USER AND CAREGIVER**
- **PROVIDES PRIVACY AND INDEPENDENCE**

Check 110 on index.

Dear HomeCare Readers,

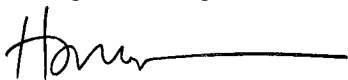
We've written in recent months about how the pandemic might change the industry, and that one of the most long-lasting impacts may be a burgeoning cultural awareness of the need to plan for aging in place—especially as seniors and their families realize they may not want to risk being separated by institutional care's infection protocols.

We're not the only ones who have noticed. Home Depot, the country's largest home improvement retailer, has quietly partnered with National Seating and Mobility and launched a pilot program to sell and install accessibility products through its stores. Home medical equipment providers are already getting pressure from Amazon and Wal-Mart when it comes to selling home medical equipment, and now it looks like more large companies could be entering the fray. Read more in our cover series, which also looks at downsides of aging in place during COVID-19, especially the isolation some seniors are experiencing—and suggests solutions.

This month we've also put together a special section with tips from human resources experts and others on how to tackle training, accreditation, recruiting and retention in this era. Plus, there's a lot more inside.

As I write this, Medtrade still plans to be an in-person conference, so I'll sign off by urging you to visit us at Booth 2345 if you're in Atlanta this November. If the conference goes virtual, check out homecaremag.com for our special coverage.

Thank you for reading,



Hannah Wolfson

BE HEARD

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

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

HomeCare® (ISSN# 0882-2700) is published monthly by the Cahaba Media Group, 1900 28th Avenue S., Suite 200, Birmingham, AL 35209. Periodicals postage paid at Birmingham, AL, and additional mailing offices. SUBSCRIPTIONS: Free of charge to qualified HME and home health workers. Publisher reserves the right to determine qualifications. Annual subscriptions: U.S. and possessions \$48, all other countries \$125 U.S. funds (via air mail). Single copies: U.S. and possessions \$5, all other countries \$15 U.S. funds (via air mail). Call 205-278-2840 inside or outside the U.S. POSTMASTER: Send changes of address and form 3579 to HomeCare Magazine, Subscription Dept., P.O. Box 530067, Birmingham, AL 35253. ©2020 Cahaba Media Group, Inc. No part of this publication may be reproduced without the written consent of the publisher. The publisher does not warrant, either expressly or by implication, the factual accuracy of any advertisements, articles or descriptions herein, nor does the publisher warrant the validity of any views or opinions offered by the authors of said articles or descriptions. The opinions expressed are those of the individual authors, and do not necessarily represent the opinions of Cahaba Media Group. Cahaba Media Group makes no representation or warranties regarding the accuracy or appropriateness of the advice or any advertisements contained in this magazine. SUBMISSIONS: We welcome submissions. Unless otherwise negotiated in writing by the editors, by sending us your submission, you grant Cahaba Media Group, Inc., permission by an irrevocable license (with the right to license to third parties) to edit, reproduce, distribute, publish, and adapt your submission in any medium on multiple occasions. You are free to publish your submission yourself or to allow others to republish your submission. Submissions will not be returned. VOLUME 42 NUMBER 10



EDITORIAL

Editor
Hannah Wolfson | (205) 278-2825
hwolfson@cahabamedia.com

Managing Editor
Kristin Easterling | (205) 314-8267
keasterling@cahabamedia.com

CREATIVE SERVICES

Art Director
Elizabeth Chick

Digital Project Manager
Greg Ragsdale

Web Developer
Greg Caudle

Manager of Email Operations
Brent Godwin

PRODUCTION

Print & Digital Advertising Traffic
Sonya Crocker | (205) 314-8276
scrocker@cahabamedia.com

CIRCULATION

Audience Development Manager
Lori Masaoay | (205) 278-2840
lmasaoy@cahabamedia.com

ADVERTISING

Associate Publisher
Jim Harmon | (205) 933-0333
jharmon@cahabamedia.com

Administrative Assistant
Sonya Crocker | (205) 314-8276
scrocker@cahabamedia.com

Sales Development Representative
Landen Franklin | (205) 278-2875
lf Franklin@cahabamedia.com

EDITORIAL ADVISORY BOARD

Cara Bachenheimer
Chair, Government Affairs Practice
Brown & Fortunato, P.C.

Jeffrey S. Baird
Chairman, Health Care Group,
Brown & Fortunato, P.C.

Mary Ellen Conway
Chief Compliance Officer
US Med

Louis Feuer
President, Dynamic Seminars
& Consulting

Jim Groatorex
Vice President
VGM Live at Home

Mike Hamilton
Executive Director, Alabama
Durable Medical
Equipment Association

Sarah Hanna
CEO, ECS North

Seth Johnson
VP Government Affairs,
Pride Mobility Products Corp.

Miriam Lieber
President, Lieber Consulting
Sheldon "Shelly" Prial
Prial Consulting

Bradley Smith
Managing Director/Partner
Vertess

Mark Lind,
Show Director, Medtrade

William A. Dombi,
President, National Association
for Home Care & Hospice



Publisher
Matthew G. Conroy

VP-Sales
Greg Meineke

Creative Director
Terri McVey

Controller
Brandon Whittemore

1900 28th Avenue South, Suite 200
Birmingham, AL 35209 • Phone: (205) 212-9402

When the
cost of care
is a barrier,
we help them
move forward.



People are ready to get the home medical equipment they need, and eager to get things done that have been waiting too long.

Our eleven-million-plus cardholders are ready. And for those customers who aren't CareCredit cardholders, we've got new tools for your retail store that help them apply instantly, easily, and privately.

And, as always, when customers use CareCredit, you get paid within two business days.

To learn more about how we can help restart and re-energize your business, visit carecredit.com/providercenter.
Or call 800-300-3046, Option 5.

Check 108 on index.

 **CareCredit**[®]
Making care possible...today.

In this issue



COVER SERIES: AGING IN PLACE

- 24** The Home Depot jumps into accessibility market in partnership with National Seating & Mobility
- 28** How aging in place is changing in the time of COVID-19
- 32** How partnering with adult day services benefits homecare providers & patients

HME

- 38** 5 keys to choosing a private equity group
- 42** Can you sell portable oxygen concentrator accessories for cash?
- 46** Why you need market data to build a post-pandemic sales strategy



59



IN-HOME CARE

- 59** How inclusivity training leads to safer care for LGBT seniors
- 62** Treating wounds via telehealth helps manage risks for patients & clinicians

IN EVERY ISSUE

- 6** Industry News
- 12** Government Affairs
- 14** Columns
- 64** HomeCare Directory: PERS & Home Monitoring
- 72** Back Page

MARKET-LEADING PRODUCTS

- 65** New on the Market
- 66** Power Chairs
- 68** Exercise & Rehab
- 69** Remote Patient Monitoring

SPECIAL SECTION: HR & COVID-19

- 48** Why listening to employee concerns should be your top priority
- 52** 4 key training areas to keep up accreditation & important questions to ask
- 54** Compare your program with Relias's 2020 training survey
- 56** New technologies that can help improve recruitment & retention





OXYGEN SOLUTIONS for your patients from the HOSPITAL to HOME CARE

At CAIRE, the work continues in response to the global impact of COVID-19. Each day our team endeavors to bring peace of mind to oxygen users with time-proven, trusted solutions as they transition from hospital to home care.

Working together, we can leverage our complete portfolio of oxygen therapy systems to supply your patients with the right equipment for their short- and long-term recovery needs.

Learn more about our portfolio covering the entire continuum of care by calling **800.482.2473** or visiting www.caireinc.com/providers.

Schedule a MEDTRADE FALL demo by emailing caire.medical@caireinc.com


CAIRE®
O₂ is what we do.

Check 107 on index.

© Copyright 2020 CAIRE Inc. All Rights Reserved.

VERTESS's Coit Earns CBEC Designation

VERTESS, a mergers and acquisitions advisory firm, announced that Finance and Valuation Director David Coit, Jr. recently earned the Certified Business Exit Consultant Designation (CBEC) from the International Exit Planning Association (IEPA).

"I'm excited to now offer our business clients exit planning as an additional value-added consulting service along with business valuation, value growth and M&A consulting. Business owners who plan their



David
Coit, Jr.

exit are more likely to achieve their goals than those who don't," Coit said.

To receive the CBEC designation, Coit completed the high-level nine-week training program that required 30+ hours of pre-course study, 32 hours of extensive curriculum taught by expert instructors in their fields, and a final exam. As an additional requirement, he delivered an exit plan to an owner and submitted that plan to the IEPA's certification committee for review. vertess.com

Numotion Acquires Northland Rehab Supply

Numotion, a provider of complex rehab technology, has expanded into Sioux Falls, South Dakota, with the acquisition of Northland Rehab Supply. Northland was founded in 2000 and over a 20-year period has been dedicated to serving the mobility needs of customers across South Dakota, Nebraska, Iowa and Minnesota. The founder of Northland, Bill Donat, will join Numotion.

This is the second branch for Numotion in the state and is part of the company's larger effort to grow its presence in the area. This follows Numotion's recent announcement of the opening of a greenfield location in Madison, Wisconsin. The Sioux Falls and Madison locations mark 26 branches in the Midwest and more than 150 across the United States.

numotion.com

Carewell Receives Seed Funding

Carewell, an advocate for caregivers and online supplier of home health products, closed over \$5 million in seed funding from the global venture firm e.ventures, seed stage specialist NextView Ventures and early-stage investor Primetime Partners, which was founded by Alan Patricof and Abby Levy to invest in companies that can transform the quality of living for older adults. Mathias Schilling, founding partner of e.ventures, will join Carewell's board of directors, while NextView Partner David Beisel will act as board observer. A group of entrepreneurs and advisors also joined the round, including Chewy.com former

Vice President of Growth Marketing Jason Klinghoffer and Dia&Co's founders, Nadia Boujarwah and Lydia Gilbert.

Carewell co-founders Bianca Padilla and Jonathan Magolnick launched the company in 2015 after Padilla's experience as one of 53 million unpaid family caregivers in the United States. After discovering firsthand the lack of guidance on care methods and products, they established Carewell to be a resource and support network for independent caregivers.

The company has built a loyal customer base and caregiver community by helping users navigate what is often an overwhelming, time-intensive, socially isolating and emotionally exhausting experience. It will use the funds to expand expert-vetted product offerings, simplify ordering and develop educational resources that bring clarity to a confusing landscape. Carewell has filled key leadership positions including: Jeremy Mayes, head of marketing; Josh Miller, director of engineering; Sarah Serbiak, director of merchandising; and Valerie Henderson, director of content and communications.

carewell.com

Aetna Partners With Landmark Health

Aetna and Landmark Health have announced a new relationship to bring physician-led services into the homes of Aetna's Individual Medicare Advantage members living in New York state. Service areas will be focused in New York City and Long Island and further extend to Albany, Rochester and Buffalo.

Eligible members will receive access to health services in their homes, including acute and urgent services such as wound care, lab draws, catheter maintenance and adherence to medication therapies, as well as medication management, home safety checks and health screenings. The personalized services also include member access to 24/7 availability from a dedicated Landmark health care provider. Ongoing nutrition, medication therapy, emotional and mental health support will help ensure members receive a comprehensive

UPCOMING EVENTS

We want to make sure our readers know about upcoming virtual event opportunities. Here is what is coming up through the end of the year.*

OCT. 18-20
NAHC 2020
Home Care and Hospice
Conference and Expo
nahc.org

NOV. 10-12 & 17-19
LeadingAge Annual
Meeting & Expo
leadingageannualmeeting.org

NOV. 19
DHIS 2020
klasresearch.com

JAN. 6-9, 2021
CES 2021
ces.tech

**Note that as of press time, Medtrade, set for Nov. 2-4 in Atlanta, was still pending as an in-person conference.*

HOME HEALTHCARE/HOSPICE/HOME MEDICAL EQUIPMENT DEALERS

WE INSURE ORGANIZATIONS WHOSE QUALITY OF CARE HITS HOME WITH US.



PHLY protects our Home Healthcare, Hospice & Home Medical Equipment policyholders so they can continue to provide a high standard of care. We offer customizable package policies, superior claims handling service, and an extensive spectrum of risk management service tools to meet their ever changing needs. Helping you deliver high quality protection that hits home with us. Think PHLY.

Call 800.873.4552 or visit
PHLY.com/HumanService

AM Best A++ Rating

Ward's Top 50 2001-2020

97.4% Claims Satisfaction

120+ Niche Industries



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

Non-Profit/For Profit Human Services | Mental Health | Substance Abuse | Home Health Care | Home Medical Equipment

Philadelphia Insurance Companies is the marketing name for the property and casualty insurance operations of Philadelphia Consolidated Holding Corp., a member of Tokio Marine Group. All admitted coverages are written by Philadelphia Indemnity Insurance Company. Coverages are subject to actual policy language.

Check 102 on index.

21.6%

According to a Dobson DaVanzo and Associates study, home health care spending is down 21.6% under PDGM.

continuum of care. As part of that care, in-home providers will also share data with members' primary care physicians.

Landmark has seen widespread demand for its home-based primary care services across the Medicare population. Since its inception in 2014, Landmark Health has grown to 48 cities in 15 states and is accountable for over 114,000 patients with chronic conditions.

aetna.com, landmarkhealth.com

Health Recovery Solutions Launches COVID-19 Recovery Plan

Health Recovery Solutions (HRS), a national provider of telehealth and remote patient monitoring solutions (RPM), has announced the launch of its COVID-19 Recovery Care Plan, developed to support providers offering telehealth and RPM to their patients recovering from COVID-19 at home. The care plan will ensure that clinicians understand how to properly leverage telehealth and RPM during the recovery period, both for patients who were treated in the hospital and are recovering at home and for those who have confronted the virus entirely at home.

The number of patients recovering at home from the virus is increasing daily. Those hospitalized and particularly those who required ventilators are the most challenging to support in their recovery. The goal of the COVID-19 Recovery Care Plan is to guide clinicians in the specific care requirements of this growing population; it will help them identify symptoms and

address mental health issues, ultimately helping to improve the overall physical function of their patients.

The COVID-19 Recovery Care Plan, informed by a review of the most current literature from the Centers for Disease Control and Prevention, the Johns Hopkins Bloomberg School of Public Health and the British Medical Journal, addresses the specific needs of patients recovering at home. It includes recommended interventions by discipline, a virtual visit guide, the PHQ9 depression screening, symptom survey questions, patient video education from the American Academy of Emergency Physicians and suggested daily biometrics depending on the patients' prognosis and symptoms.

Health Recovery Solutions' client base includes more than 250 health systems and enterprise home health agencies across 46 states.

healthrecoveryolutions.com

Uber Health Teams With Prescription Delivery Service

NimbleRx, a platform providing independent pharmacies the ability to offer convenient online delivery, has announced a partnership with Uber Health to offer contactless prescription delivery from pharmacies in parts of Washington and Texas, with plans to expand to other parts of the country. The service, which is fully integrated with Uber's platform, is live throughout the Seattle and Dallas metro areas.

NimbleRx is a two-sided marketplace that works directly with independent and regional pharmacies to utilize its delivery platform and offers consumers a simplified pharmacy experience through multiple online delivery options. Uber Health's direct integration with the Nimble platform is providing consumers with an additional option to receive their prescription deliveries quickly without needing to leave their homes.

Nimble currently offers next-day delivery to 70% of the population of the United States and same-day delivery to 30%. As delivery demand has increased in COVID-19 hotspots around the country, Nimble has seen demand increase from retail pharmacies nationwide, partly due to increased requests from the senior population.

Uber Health is a HIPAA-secure solution that allows its various partners within the health care industry to request non-emergency medical transportation for patients and improve access to care for vulnerable populations, including those on Medicaid and Medicare. Prescription delivery is part of Uber's larger initiative to provide on-demand and scheduled last-mile delivery solutions to consumers and businesses.

In response to growing demand, Nimble implemented several changes to its technology, including enabling delivery for those without a mobile phone, who make up approximately 11% of customers, as well as adding more and faster delivery windows. To date, Nimble has completed over 15,000 deliveries with Uber Health.

nimblerrx.com, uberhealth.com

Jet Health Acquires Carrington Hospice Care

Jet Health, Inc., a provider of home health and hospice services, announced the acquisition of Carrington Hospice Care, Inc., an Arlington, Texas-based hospice company. The acquisition marks Jet Health's second in the hospice arena and furthers its strategy to offer hospice care in the home health markets it serves.

Carrington Hospice Care, founded in 2018 by Elsie Johnson and Dorothy Ojirika, serves the greater Dallas/Fort Worth marketplace.



**American-
made, safe and
dependable
wheelchair
ramps.**

rampitusa.com/homecare

86%

of community pharmacists say they plan to offer COVID-19 vaccines when they hit the marketplace, according

to a survey by the National Community Pharmacists Association.

“The completion of this transaction in the Dallas/Fort Worth marketplace demonstrates Jet Health’s ability to execute on our strategy of becoming a multiple service line provider of home-based care across the four key home health markets we currently serve,” said Jet Health CEO Stacie Bratcher. “By providing our home health patients a choice to remain in our care as they transition to hospice, we will improve the continuity of care and overall patient satisfaction of those we serve.”

Funding for the transaction was provided by SV Health Investors and Health Enterprise Partners. Stradling Yocca Carlson and Rauth acted as legal counsel to Jet Health. American Healthcare Capital served as acquisition advisors to Carrington Hospice Care, Inc.

jethealthinc.com

Family Resource Home Care Partners With Great Point

Family Resource Home Care announced an investment partnership with Great Point Partners, a health care-focused private equity group based in Greenwich, Connecticut. The transaction reflects Family Resource’s ongoing strategic plans for market share growth, industry consolidation and geographic expansion.

With nine established locations across Washington and Idaho, Family Resource is already the largest independent homecare agency based in the Pacific Northwest and

one of the largest in the United States.

Family Resource Home Care plans to meet growing demands for at-home and custodial care by expanding its reach, which now numbers over 850 employees serving more than 1,000 clients and their families.

Family Resource Home Care provides services that include but are not limited to personal care such as bathing, dressing and help with medications, meal planning and preparation, light housekeeping, companion care, dementia support and end-of-life, transitional and respite care. The company empowers clients to remain independent and increase support as their needs increase. It has enjoyed many industry honors, including best places to work and client satisfaction awards.

familyresourcehomecare.com,
gppfunds.com

AbsoluteCARE Atlanta Wins LGBTQ Health Equity Award

AbsoluteCARE Atlanta announced that it has received the “LGBTQ Health Care Equality Top Performer” designation from the Human Rights Campaign Foundation (HRC). The designation was awarded in the 13th edition of HRC’s Healthcare Equality Index (HEI), released September 15. A record 765 health care facilities actively participated in the HEI 2020 survey; 193 earned an “LGBTQ Health Care Equality Top Performer” designation.

“At AbsoluteCARE, our members’ care is at the heart of everything we do. We

understand that our members have complex lives, that we need to strive to maintain their trust and that we share the responsibility for their outcomes,” said AbsoluteCare Chief Medical Officer Dr. Anoop Raman.

Alphonso David, president of HRC, praised all of the participants for their commitment to providing inclusive care for all patients and clients.

“The health care facilities participating in the HRC Foundation’s Healthcare Equality Index (HEI) are not only on the front lines of the COVID-19 pandemic, they are also making it clear from their participation in the HEI that they stand on the side of fairness and are committed to providing inclusive care to their LGBTQ patients,” he said. “In addition, many have made strong statements on racial justice and equity and are engaging in efforts to address racial inequities in their institutions and their communities.”

“Each year, HRC recognizes the health care facilities that participate in the HEI for their dedication and commitment to LGBTQ inclusion. HRC also extends its deepest gratitude to these facilities for their courageous fight against COVID-19 and their commitment to addressing racism and injustice. As the final HEI surveys were submitted in March, health care facilities were kicking into overdrive to meet the challenges of COVID-19. Many faced a lack of equipment, staffing shortages and surging demand,” David added.

HEI participants also participated in White Coats for Black Lives demonstrations and announced new programs to address racial inequities in their institutions and their communities.

absolutecare.com



**GET MORE
NEWS**

Visit homecaremag.com/news for the industry info you need to know.



Sure, you're focused on maintaining a healthy bottom line, but your biggest priority is always patient health. Now more than ever, that's a tall order.

With the right technology to deliver the right products at the right time and in the right way, your patients get a better experience and your business a better bottom line.

In fact, the outcomes are limitless.

Ready to move beyond your limits?
Visit us at www.brighttree.com/limitless.



Check 105 on index.

Waiving Budget Neutrality for Oxygen Under Medicare

H.R. 8158

By Kristin Easterling

A 2014 final rule laid the groundwork for a new round of competitive bidding for durable medical equipment (DME), prosthetics, orthotics and supplies. The new model applied pricing derived from highly populated Competitive Bidding Areas (CBAs) to all areas of the country without properly taking into account the fact that it costs more to supply DME in non-bid areas. The prices began in 2016, slashing Medicare reimbursement by over 50% on average.

Further reducing reimbursement is the fact that the Centers for Medicare & Medicaid Services (CMS) applied a budget neutrality “offset” to the 2017 rural fee schedules for stationary oxygen equipment. This provision was originally passed by Congress in the Balanced Budget Act of 1997, years before competitive bidding was enacted in 2003. The regulation was not meant to apply to rates derived from the bid program, resulting in rates that were even more unsustainable in rural communities.

At the urging of Congress, patients and providers, CMS issued an interim final rule in 2018 that provided emergency relief to rural areas until the end of that year at a 50/50 blended reimbursement rate. On Nov. 1, 2018, CMS extended the rural relief until the end of 2020. It is unclear what CMS plans to do after 2020. While the relief was much needed, non-rural, non-CBAs did not receive any help.

LEGISLATION

H.R. 8158 would amend both the Social Security Act and the 1997 Balanced Budget Act to waive the budget neutrality offset for stationary oxygen products. The bill was introduced by Reps. Cathy McMorris Rodgers (R-Wash.) and Dave Loebsack (D-Iowa).

While the payment disparity caused by this offset has been somewhat reduced by legislation and by regulations temporarily applying a 50/50 blended rate to oxygen and other DME products in rural areas, these measures are set to expire on Jan. 1, 2021 or at the end of the COVID-19 public health emergency, whichever is later.

WHAT
HAPPENS
NEXT? »

H.R. 8158 was considered by the Energy and Commerce Committee on Sept. 9, 2020. Committee approval significantly improves prospects for the bill’s passage on its own or as part of a larger legislative package.

OF NOTE

The Protecting HOME Access Act of 2019, H.R. 2771, also featured these provisions. That act combines the budget neutrality fix with permanent relief for suppliers in rural and other non-bid areas. Since Congress already provided relief to these areas through the duration of the emergency in COVID-19 legislation, the House Energy and Commerce Committee requested new legislation be introduced to prepare the budget neutrality provision for committee consideration.

DID YOU KNOW?

More than 37% of traditional home medical equipment companies have closed or are no longer taking Medicare due to pricing from the Medicare bid program.

(Source: AAHomecare)

Introducing F&P Evora™

Fisher & Paykel Healthcare's new compact nasal CPAP* mask, featuring CapFit™ headgear.



F&P myMask App



F&P Evora Nasal
now available on the
F&P myMask app



* We refer to CPAP in this instance, but this may also include other positive airway pressure device modes such as APAP or BiPAP. Masks must be used with a PAP device to deliver therapy. F&P Evora and myMask are trademarks of Fisher & Paykel Healthcare Limited. For patent information, see www.fphcare.com/ip. Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

HME: REIMBURSEMENT



By Miriam Lieber

Maximize Reimbursement Now

7 changes affecting HME payments

Although home medical equipment (HME) providers are accustomed to constant change, the uncertainties of the pandemic have left them in a crisis unlike any other. The key coping mechanism—adaptability—remains the constant for the industry. Knowing that Competitive Bidding Round 2021 is looming and has not been delayed (as of this writing) and that some audits have resumed, HME providers are focused on controlling costs for today while trying to plan for tomorrow. Maximizing reimbursement now is the first step in securing a spot for the future. Let's take a look at some of reimbursement changes that have impacted HME operations.

1 Telehealth

For now, during the public health emergency (PHE), telehealth visits are permissible. This means that patients who cannot get to a doctor in person are able to get equipment ordered through an audio and video visit. Always document why the patient was unable to have a face-to-face visit and make sure to include COVID-19 in the narrative section of the claim as well as in the medical record information. Expect

audits requesting this information and also remind staff that the best option for the patient is to visit the doctor in person whenever possible.

The question is: Will telehealth stick around after the pandemic is over? While the current administration would like the technology wave to outlast the emergency, whether it does remains to be determined. One striking statistic, as published by the Centers for Medicare & Medicaid Services (CMS) on Aug. 4, 2020, is that “before the PHE, only 14,000 beneficiaries received a Medicare telehealth service in a week, while over 10.1 million beneficiaries have received a Medicare telehealth service during the PHE from mid-March through early-July.” CMS included physicians, nurse practitioners, clinical nurse specialists and physician assistants on the list of approved providers.

Regardless of the increase in telehealth visits and the leniency in requirements due to the pandemic, be certain that the items you are dispensing are “reasonable and necessary.” This should be documented in the patient's medical record. Further, as mentioned, expect a substantial audit initiative on claims after the pandemic ends.

2 CR & Other Modifiers

To inform Medicare that a claim you are submitting involves a COVID-19 related issue, append the CR, or “catastrophe/disaster related” modifier. This modifier is not new—in fact, it is frequently used for disasters such as hurricanes, tornadoes, wildfires, etc. It applies specifically to the pandemic when an item is dispensed outside the policy requirements.

For example, use the CR modifier in lieu of the oxygen certificate of medical necessity. In addition to appending the CR modifier on the claim, enter “COVID-19” in the narrative. What this means operationally is an extra step during the intake process to ensure the modifier and narrative are added and substantiated as “reasonable and necessary” items are provided. Incidentally, the KX modifier is also still enabled, despite loosened regulations for COVID-19.

3 Prior Authorizations

Similar to the loosening of the medical necessity rules, prior authorizations (PAs) and Medicare requirements have been relaxed. In fact, requirements for Medicare PAs for power mobility devices, support surfaces and some prosthetics only resumed in September. During the first months of the pandemic, CMS stated they were not required but a provider was still able, if they chose, to use the Medicare PA process.

4 Audits

Another reimbursement challenge is keeping up with the plethora of audits, especially from Medicare. The pandemic

A delay in competitive bidding makes the most sense, at least until the pandemic is over. The last thing we need to worry about is our renewed ability to keep patients out of the hospital during a national health crisis.

ATTN: HME's, DME's, & CAREGIVERS

Your Resource for Hi-Low Adjustable Beds!

CALL 866-852-2337 FOR DETAILS!



- **Hi-Low feature** can adjust heights.
- **Standard sizes:** Including Twin, Full, Queen, & Split-King sizes. Custom options!
- **Assist rails** are available in 12" & 24".
- **Retrofitting:** Assured Comfort Hi-Low foundations may be retrofitted into existing bed surrounds in most cases.
- **Mattresses:** Many options are available.

SIGNATURE SERIES

"We would like to offer something other than a hospital bed!"



"We are looking for a stylish solution for our senior residents!"

PLATFORM SERIES



MOBILE SERIES

"Our assisted care facility needs to move our beds around periodically"



Made in Bassett, VA · Call 866-852-2337; visit AssuredComfortBed.com; or email: sales@AssuredComfortBed.com



FREE CONSULTATION! QUANTITY DISCOUNTS AVAILABLE.

granted a reprieve for providers until Aug. 3, 2020, when some of the audits restarted (durable medical equipment Medicare administrative contractor post-payment audits, as well as recovery audit contractors and supplemental medical review contractors for dates of service prior to the PHE). The targeted probe and educate (TPE) audits have not yet resumed, giving HME companies a little less to worry about—at least for now.

Regardless, continue to conduct your own internal audits, especially since it's well known that CMS will ramp up audits in a serious way after the pandemic ends. In other words, do not get lackadaisical because of the reprieve. Be vigilant about maintaining audit proof documentation and use COVID-19 leniencies when you need to, but substantiate medical need via documentation as stated above.

5 National Supplier Clearinghouse

Analogous to auditing, the National Supplier Clearinghouse (NSC) paused its site visits and revalidations, etc. In fact, CMS made it easy to enter the medical equipment market by allowing almost no scrutiny from the NSC, including but not limited to site visits. Now that the NSC and accreditation agencies have resumed site visits as of July 6, 2020, HME businesses should be ready for inspectors. In fact, consider the precautions mandated for employees as well as customers before allowing an inspector to enter the premises. They, too, have to follow policies as required by state and local orders.

6 Competitive Bidding

A considerable business influence for many HME companies, competitive bidding Round 2021 is still slated to begin Jan. 1, 2021. In fact, competitive bid single payment amounts were due out by the end of September. Shortly thereafter, contracts will be sent to the bid awardees. This means contract providers will be planning for the influx of patients, transitioning away

REIMBURSEMENT RELIEF

In addition to the relaxation of specific requirements during the PHE, CMS also increased allowables, including these temporary changes:

1. Temporary suspension of 2% sequestration—this is automatic, suppliers do not need to take any action to receive this money.
2. Increase in allowables/fee schedule rates (to 75% adjusted and 25% unadjusted rates) for Items that were reimbursed at 100% of the competitive bidding adjusted fee schedule in non-rural/non-CBAs. This started March 6, 2020 and will last through the end of the PHE.
3. Append the KE modifier for manual wheelchair option codes and certain complex manual option codes (in order to receive the higher allowable).

from one provider and over to another. For those not contracted with Medicare for competitive bidding, how will they handle both “grandfathering” and new patients they can no longer service?

The main concern is for patients and their continuity of care. Access for new patients may be a real threat, especially if providers cannot stay in business, even if the awardees are contractually mandated to serve all Medicare recipients in their awarded categories. A delay in the next round of competitive bidding makes the most sense, at least until the pandemic is over. The last thing we need to worry about is our ability to keep patients out of the hospital during a national health crisis.

7 Other Insurance

Although this article addresses CMS-related matters, the trickle-down impact on other payers is significant and should be considered as well. Audits by payers other than Medicare are surging and HME providers should bolster their compliance departments to handle the influx, even during the pandemic. Furthermore, unpaid claims and passing the buck to a secondary or tertiary payer is real. Approving authorizations and denying claims thereafter is running rampant.

Denials for submitting claims to the wrong payer are commonplace and thus, insurance verification has become an analytically-minded task where it once was straightforward and simple. Allocating key staff for these positions and managing the contractual and other relationships with payers are essential today. Sophisticated team members are needed to withstand the pressure associated with reimbursement in today's often confusing and conflicting third party environment.

A Moving Target

As you can tell, adaptability, flexibility and the need to change on a dime are all part of the current HME landscape. From moving to a work-from-home model to working with relaxed and then retightened rules, along with audits and site visits and more, it is an understatement to say that reimbursement is a moving target.

The key is to stay nimble and ensure that your staff remain closely tied to CMS and other payer changes. Remain an active participant in state, regional and national associations. Work in tandem with payer relations in the organization and meet to discuss the operational impact of the constant revisions to the reimbursement guidelines. The bottom line is: If you can handle this, you can handle anything. **HC**

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

We Are Now A Collections Machine!

***“TeamDME! has
revolutionized
our cash flow
for the good.”***

Kathleen

Hope Medical Supply
(happy customer since 1999)

- Exclusive to DME space
- Wizards Make Billing Simple, Fast & Compliant
- Cloud Based
- Prefill Authorization Documents
- Track Documentation
- Mail Merge Letters
- Send Claims Electronically
- Send Invoices Electronically



Call today for a free demo!
888-832-6363
teamdme.com



TEAMDME!

Next-Level Billing Software for DME Providers

IN-HOME CARE: MEDICATION MANAGEMENT



By Eran Shavelsky

Let's Ditch DIY Drug Dispensing

Remote pharmacy option frees seniors from being their own pharmacists

COVID-19 continues to rage across the country, changing life as we know it. While doctors and scientists are searching for medical solutions, individuals have sought out alternatives to regain a sense of normalcy and routine. This includes the way people shop, conduct business and, most importantly, how they take care of themselves and their loved ones.

For young, healthy Americans, the main concern has been preventing themselves from getting the virus while still concentrating on earning a living and living life as normally as possible given the circumstances. But the pandemic has hit seniors, who are among the most vulnerable to COVID-19, particularly hard as lockdown restrictions and social distancing have threatened their independence and have made them feel more lonely and isolated than ever. Seniors have struggled to adapt to the current world, and it is important not to take focus or attention from them in this time of need.

With more than 16 million seniors in America living independently, it is a challenge to keep them independent and out of nursing homes for as long as possible, especially when communal living facilities have become rapid hotspots for the novel coronavirus—and some of the most deadly. One way to keep them safe at home is through remote medicine and remote caregiving when it comes to prescription management.

Seniors face five key medication challenges that need to be addressed:

- **Delivery:** Elderly people not only feel less

comfortable venturing out to the store, but sometimes also forget to fill their prescriptions, possibly leading to medical complications.

- **Prescription organization and packaging:** Customers should not have to be their own pharmacists when organizing and receiving their medication.
- **Reminder systems:** Anybody might miss a dose once in a while, but seniors require additional assistance to ensure they remember which dose to take when.
- **Involved and engaged family:** Family is crucial to help seniors maintain better medication adherence.
- **Lack of remote communication with the pharmacist:** With some seniors taking 10 or even 15 different medications, they

need to have access to pharmacists when they are not comfortable going out.

Let's address these in more detail.

1 Delivery

Statistics show that 20%-30% of prescriptions in the United States never get filled or picked up. While this could happen for a variety of reasons, it should never be because an elderly person simply forgot to drive to the store to pick it up or was unable to do so. Today, seniors who are encouraged to self-isolate deserve to have their medication brought to their homes to ensure they are maintaining their health and independence.

2 Packaging

With most pharmacies today, patients need to sort their own medication into daily or weekly dosages. This can be incredibly difficult and overwhelming for the elderly, as some take up to 15 different prescriptions a day. Due to the pandemic, seniors may not be able to have a family member or caregiver come to their homes to help them sort their medication for fear of exposure, leaving them to do it alone. This not only overwhelms but also endangers





TIRED OF
COMPETING WITH
ONLINE RETAILERS?

STANDER
proudly introduces

**TRUST
CARE**

5 Premium European Rollators
MAP is FULL MSRP



Let's Shop™

FREE DEMO UNIT*

See all 5 rollators at
Stander.com/trustcare

LIMITED DEMOS AVAILABLE!

Call us now 800.506.9901

Email: sales@stander.com

*See website for more details

users, leading to thousands of deaths a year due to accidental nonadherence to medication schedules and dosing.

3 Reminders

The current pharmacy system lacks measures to ensure that patients are remembering to take the medication they are prescribed. As seniors age, they can become increasingly forgetful, but when it comes to their medication, they cannot afford to forget to take something or forget whether they took a drug, potentially leading to double-dosing. They deserve a better way to have this managed, and pharmacies should offer solutions and devices that will alert them.

4 Family Involvement

Family members will always want to play a role to ensure that their loved one is taken care of, and medication management is no different. Family members want to be notified in real time whether their parent or grandparent is adhering to prescribed medication regimens and also want clear, accurate data on their medication intake habits. Offering this will empower and encourage family members to be more engaged in the lives of their elderly loved ones.

5 Communication

Lastly, seniors need better communication capabilities with their pharmacist via telehealth. With many seniors taking more than five pills per day, they need to remain assured that no medication conflicts with another, and they want someone there to walk them through their daily prescription regimen. This service should come as standard and delivered in a way that seniors will understand how to use it properly. Many seniors are tech-savvy, but care should be taken to also reach the tech-averse. Additionally, the pandemic has shown the great possibilities that telehealth can have, and pharmacies should implement these solutions to better communicate with their patients.

Conclusion

Seniors today need an all-in-one pharmacy solution that can address and solve the key challenges they face. Pharmacies need to step up and implement new technology to offer better services while providing them at no additional cost to the customer. They need to also work and be compliant with a variety of medical insurances including Medicare to allow any customer to use this service. **HC**

In 2007, Eran Shavelsky founded MedMinder, a remote pharmacy that delivers prescriptions nationwide to seniors in pre-sorted trays that fit into the telemedicine-enabled pill dispenser. The device reminds patients when to take their medication, sends alerts if they fail to do so and allows users to connect with their pharmacists remotely via videoconferencing.

ROAD MAP: BIAS TRAINING

By Angelo Spinola (left)
& Wren Williams (right)



Don't Judge a Book by Its Cover

Recognizing & addressing our implicit biases

You have heard the expression, “Never judge a book by its cover,” but is it actually possible to follow that command?

It is safe to say everyone engages in both conscious, controlled thinking and in automatic, involuntary thinking. Automated cognitive processes allow us to quickly form impressions and make judgments with limited information. Automated thought processes, which evolve over a lifetime, allow us to organize what we learn and experience into mental structures called “schemas,” which help us make sense of our complex social world. Schemas take little cognitive energy to influence expectations, driving the way we perceive individuals, groups and the world. Our brains prefer this autopilot mode wherever possible, encouraging us to infer connections even when there are significant gaps in our information. Ultimately, humans’ default mode is to judge books by their covers—and we don’t even know we’re doing it.

Recognizing & Combating Bias

Automatic thinking is often unavoidable, and it is useful to recognize that this function is not inherently harmful or wrong. Most of us can acknowledge that there are times when we must trust our guts or fill in the gaps to make quick decisions under pressure.

However, activation of our schemas can unintentionally lead to negative social consequences; that is, a schema can be created that has been conceptualized by or implies a form of bias and it may lead to negative behavior. The recognition of adverse social effects at both an individual

and an organizational level is essential in addressing and combating implicit biases within ourselves and in the workplace. It takes diligence and motivation to become aware of subconscious bias, as it comes in many forms. Below are some strategic steps you and your organization can take to fight these biases.

Bias in Hiring

First, implicit bias can be challenging to recognize, as it may not always align with the explicit and declared beliefs of an organization. Consider a male CEO who has sole approval on leadership hires. He openly advocates gender equity in the workplace, but the company has no women in leadership positions. Bias does not require intent. It is possible the CEO has no intention of disallowing female leadership roles, but instead has been primed to subconsciously feel that men have more desirable leadership qualities than women. This priming could lead the CEO to unknowingly be drawn to the resumes of men and those containing more masculine verbiage, therefore blocking qualified female applicants from advancing.

A practical move to combat adverse effects arising from situations like this might be to change hiring practices to include more people in the decision-making process. Are there any stages within your recruitment or hiring procedures where there are a limited number of decision-makers? Think about how the individuals holding these roles are making their decisions.

Another tip would be to implement uniform guidelines that encourage merit-based decision-making. A predetermined list of interview questions could be helpful as well. And consider implementing a grading model that gives points for specific answers and takes away points for unsatisfactory answers or responses that fail to address comments or ideas that the candidate should have caught. The process can thus be less subjective than declaring “I just liked him better” or “she isn’t a good fit.”

Bias in Training

Sometimes people unconsciously seek information that not only aligns with their declared beliefs but reinforces them. In this case, you may engage in actions that elicit

Implicit bias can be challenging to recognize, as it may not always align with the explicit and declared beliefs of an organization.

Real-Time
Remote
virtual
surveys.
Safe.
Simple.
Tested.

Whether you're a new or renewing DMEPOS provider, our safe **Real-time Remote™** survey process meets CMS mandatory accreditation requirements.

This simplified, yet comprehensive accreditation process keeps everyone safe, with minimal disruption to your business.



215-654-9110

TheComplianceTeam.org/real-time-remote

*The Compliance Team, Inc. is approved by the Centers for Medicare and Medicaid Services to accredit Part A-Rural Health Clinic, Patient-Centered Medical Home, and Part B-DMEPOS providers.

Check 119 on index.



expectancy-confirming behaviors from those around you, especially subordinates. This behavior creates a self-fulfilling prophecy and can have grave effects on a workforce and morale. No matter your position, expectations influence what you perceive, which can be dangerous when driven by a biased schema.

For example, in one study, participants assigned as job trainers for a virtual computer training program were shown photographs that had been manipulated to depict trainees as either obese or average weight. Trainers initially expected poor performance from the “obese” trainees, referencing stigmas such as laziness and low work ethic. The trainers did not know that there was no discernable difference in performance between the two groups of trainees. Observations revealed that the trainers who initially held low expectations—stemming from a negative bias about obesity—treated this group more negatively during the training session, thereby affecting the quality of the interaction. Despite no difference in performance, those participants portrayed as obese ended with more negative evaluations after the training than the other group.

Considering the ongoing pandemic, you’ve likely made some decisions based on your limited virtual contact with others. With a subjective evaluation process, like the

virtual training program described above, these decisions could have adverse effects. Strategic implementation of impartial policies and procedures can reduce bias and positively influence how your employees treat their colleagues, patients and prospects.

Other Steps

Company culture and values also affect how employees and leadership address bias in the workplace and help prevent it. It is essential to keep the lines of communication open with employees. Those who have experienced or have witnessed biased or discriminatory behavior should have a safe way to come forward and solutions should be made available. Encourage your staff to engage in discussions and solutions. Employees will appreciate that their experiences and concerns are supported and that the organization is open to their insights. Executive leaders should be trained to tactfully address the concerns of those who may have encountered bias.

Being motivated to reinforce conscious strategies requires everyone to stay diligent in policing their own implicit biases. Reflect on how many times you have assumed something about someone’s personality based on their physical characteristics. Everyone does it—but once we become aware of a thought that’s probably derived from a stereotype, it is important to turn

the spotlight on ourselves and be willing to hit the pause button when forming first impressions. We must be motivated to analyze our snap judgments, reflect on our perceptions and hopefully prevent a potentially negative consequence.

Begin with identifying how you “know” what you know. If you cannot come up with a clear answer, your judgments likely came from implicit bias. Searching for information that contradicts your initial perceptions will also help you to gain a more accurate understanding of the situation. Once you’re aware of questionable or harmful assumptions, actively work to identify any positive traits, even if they contradict what initially came to mind.

With the brain hardwired to be on autopilot, we must have a conscious desire to engage in analytical thinking. We all owe it to ourselves and to our colleagues to look beyond the cover of the book. **HC**

Angelo Spinola is a shareholder with Littler Mendelson P.C. and is a lead attorney for the Home Care Practice Group. He received a J.D. from George Washington University Law School. Spinola works with homecare businesses of all sizes, promoting an issue-free work environment through counseling, training and other preventive strategies.

Wren Williams is a graduate of Georgia Southern University with a B.S. in criminal justice and a minor in psychology. Williams works within Littler’s Home Care Practice Group as a client and case coordinator.

HomeCare HEROES

2020

THANK YOU FOR HONORING THEM

Thank you for sharing the stories of your colleagues, friends and mentors—your HomeCare Heroes. We've been touched by the submissions highlighting frontline workers across the industry who have gone above and beyond to help their communities.

Next month...

HomeCare Media will dedicate our November issue to demonstrating gratitude for them. Please plan to read about these special people who have done critical work to keep patients and clients safe at home.

**A VERY SPECIAL
THANK YOU
GOES OUT TO OUR
SPONSORS FOR MAKING
THIS POSSIBLE.**



THANK YOU
TO OUR
SPONSORS



FOR PROVIDERS
BY PROVIDERS.

CHANGE
HEALTHCARE



PointClickCare



An example of the new Independent Living display at The Home Depot

Let's Do This

The Home Depot jumps into accessibility market in partnership with National Seating & Mobility

By Hannah Wolfson

For decades, seniors looking to stay in their homes longer had to turn to local options to make their homes more accessible and comfortable, whether they needed a ramp to get in the door, a stair lift to help them upstairs or simple modifications like grab

bars and walk-in showers. They'd either reach out to independent contractors or companies providing accessibility products or, in the best case, turn to their local home medical equipment (HME) provider to figure out their home modification needs.

Now, they may head to The Home Depot.

The country's largest home improvement retailer recently launched its Independent Living program in partnership with National Seating & Mobility (NSM), offering in-home consultations and equipment installation.

The goal is to make independent living accessible to more people—not just by selling to them, but by showing them their options for aging in place.



Bill Mixon, CEO of National Seating & Mobility

For now, the program is available in a few stores in about four states, but is expected to expand based on demand.

The effort was designed to reach a growing senior market; by 2030, one in five Americans will be retirement age, and 90% of Americans 65 and older want to remain in their homes as they age, said Scott Bomar, senior vice president of Home Services for The Home Depot.

“Clearly, there is a significant need in the growing independent living population—people like our parents, our friends or other family members who want the independence of staying in their homes but need modifications to stay safe,” Bomar said.

What They Offer

The program started quietly this summer and is in about 10 stores in New Jersey and Missouri because demand is high in those areas, said Bomar; The Home Depot

and NSM would like to expand nationwide based on interest.

For now, the retailer offers users a free in-home consultation—those can run from 45 to 90 minutes—and in-store information about accessibility equipment, which then can be installed by NSM’s team after the home visit. Installation for modular, portable and full-size ramps indoors or outdoors is part of the program, as are ramp decking, stairlifts, and more. Other products and install options are likely to come down the road.

“Currently, we offer installation of stairlifts, vertical lifts, ramps, door openers, and grab bars, and we plan to offer other programs such as bath and kitchen modifications and electronic monitoring in the near future,” Bomar said. “With the speed of innovation in technology and home improvement, there are so many possibilities to help our loved ones continue to live at home while also emphasizing safety, comfort and great design.”

New Paths for NSM

The program offers a big visibility boost for NSM, which has been long known for its work in complex rehabilitation technology and has reached into the broader mobility market in recent years. The company was founded in 1992 and has grown from five locations to branches across the country. Its regional warehouses stock a full inventory of indoor/outdoor stairlifts, wheelchair lifts, ramps, vehicle lifts, door openers and bath products.

“Over the last several years we have expanded our mobility solutions portfolio

ITEMS AVAILABLE THROUGH THE PARTNERSHIP:

- stairlift installation
- wheelchair ramp installation
- grab bar installation
- wheelchair lift installation
- automatic door opener installation
- deck ramp installation (in conjunction with ramp or platform lift installation)
- professional measurement of the installation area for a custom fit
- an on-the-spot quote, including all labor and materials, and financing
- delivery and installation of equipment by a certified technician
- removal and haul away of existing equipment if replacing
- one-year labor warranty



90%

**percent of Americans
age 65 and older want to
age in place.**

to include a wide range of simple to complex mobility equipment, home and vehicle accessibility equipment, home modification capabilities and maintenance and repair services,” said NSM CEO Bill Mixon. “This comprehensive approach allows NSM to assist clients in all aspects of their lives, and our service offerings and expertise can also readily support the population of individuals who simply have a need and desire to grow old at home.”

The company currently has almost 1,000 employees in homes each day in all but four U.S. states, either conducting assessments or delivering equipment. The lesson they’ve learned, Mixon said, is that many homes aren’t designed to allow residents with declining or limited mobility to live independently.

“We see many homes that are not adequately equipped to support the independence of an individual with declining or limited mobility,” Mixon said. “Education and access to resources supporting independent living solutions in the home can prepare and equip these individuals to proactively make the changes needed to support their future needs.”

Target Audience

The Home Depot, like other big box retailers, already offers a variety of HME at its e-commerce site, including bed rails and privacy screens and even non-home-related items like pill dispensers and oxygen carrying bags. It also sells a range of EZ-

ACCESS ramps and mobility devices from Drive and Stander. But with in-store displays and in-home consultation, the home improvement giant is planting its flag firmly in the territory of local HME providers.

They’re not the first. BestBuy launched its Assured Living program, a contracted monitoring system for seniors, and also sells a range of products online under the “Aging in Place” category. Amazon execs have met with AARP and toured assisted living facilities to suss out the market potential of aging in place technology and products.

When it comes to The Home Depot, don’t be surprised if you hadn’t yet heard about the program. The company hasn’t been advertising Independent Living far and wide. In fact, it’s running a targeted campaign online as well as promoting it only in stores offering the services.


“We’re fortunate to have loyal customers who turn to The Home Depot first for their home-improvement needs—mobility and accessibility solutions included,” Bomar said. “In areas where we offer these services, customers will find prominent in-store signage and knowledgeable associates who can speak to our offerings.”

People who look for modification information online will also see paid search advertising pushing them to the program’s website, homedepot.com/independentlylivingservices, where they’re then prompted to enter their zip code to see if the program and services are available in their area.

The project was already in development before the pandemic hit in March; Bomar said that the growing demand for aging in place driven by the novel coronavirus has been a benefit—and may lead to faster growth than initially planned.

“We have certainly seen a rise in interest, as aging homeowners are even more determined to remain in their homes. Given the heightened demand, we are working hard to accelerate our expansion in order to serve customers across the U.S.”

Mixon said the partnership worked well for NSM in part because the two companies seemed a good fit, with similar approaches to customer service and to leadership. Ultimately, he said, the goal is to make independent living accessible to more people—not just by selling to them, but by showing them their options for aging in place.

“By leveraging the strength of collaboration, and our areas of expertise, we can enhance quality of life through independence for this growing portion of our population,” Mixon said. “The success of this campaign is tied to our ability to educate, inspire and assist the aging consumers or those with limited mobility to take proactive action in measures that will support their independence, safety and overall quality of life.” 

Hannah Wolfson is editor of HomeCare magazine.

EVER SEEN A MASK FLY?

These fly off the shelf!

Tyton produces unique CDC-approved CLEAR masks that stand out from other masks. While these masks are made for everyone, according to the CDC, "the use of cloth face coverings in educational settings may present challenges, particularly for younger students and students with special healthcare or educational needs."



Also Available:

HYBRID CLEAR MASK

- Double elastic to keep from pulling on ears
- Easily cleaned
- Comfortable fit
- No abrasions from long term wear
- Available in multiple sizes – Adults and Children
- Retail: Only \$5 (wholesale pricing available)

SEALED HYBRID MASK

- Visible mask, clear window with gas-less fog free plastic
- Highly breathable material
- Comfortable fit
- CDC compliant with fabric mask mandate
- Retail: Only \$8 (wholesale pricing available)

DISPOSABLE ISOLATION GOWN

- Material Certified Up to Level 3
- Level One and Level Two Available
- Thumb loops
- Waist tie design
- Fitted Neck
- 1000 Gown minimum order. MUST CALL TO PURCHASE GOWNS
- Retail: Only \$1.89 (wholesale pricing available)



941-404-4458
wehavemasks.com

Trust Technology to Bridge the Gap

How aging in place is changing in the time of COVID-19

By Cindy Gaines

The coronavirus pandemic has altered life for all of us. But for the elderly and other vulnerable populations, 2020 has been even more tumultuous, frightening and isolating.

COVID-19 has impacted how seniors and their families envisioned their aging journey and their perceptions of aging-in-place. Before COVID-19, more than 75% of retirees reported wanting to age in place as long as possible. But being isolated in one's home while social distancing for prolonged periods of time can come with debilitating loneliness, which can lead to serious health issues in itself. To make matters worse, many seniors postponed elective surgeries or proactive care, setting up a future wave of patients who will have post-acute homecare needs or may have been without care for an extended period of time.

Despite the challenges, aging in place should remain a viable option for able seniors. The question becomes: How do we make sure they do so safely and happily during the pandemic, and what should home health professionals know about their evolving role in patient care?

One answer is the increasing role of technology. Though not new, telehealth and remote patient monitoring use skyrocketed in 2020, morphing into a care delivery model that is here to stay. Today's solutions can help keep seniors connected to their families, homecare professionals and physicians, empowering them to remain in their homes with limited exposure to COVID-19. By combining traditional homecare models with the advantages of

modern telehealth, proactive care that keeps patients out of hospitals will improve—and staff safety and patient outcomes will, too.

The Calm Before the Storm

Home health professionals have been unsung heroes during the pandemic, risking their own health by visiting patients' homes. In a survey by the National Association of Home Care & Hospice (NAHC), more than 40% of home health agencies reported serving actively infected COVID-19 patients in April. Nonetheless, the virus still caused a significant dip in home visit volume in the short term, as many patients canceled visits due to both the hands-on nature of homecare and also the suspension of elective surgeries that typically require follow-on homecare.

This reduction in demand resulted in 85% of agencies reporting revenue loss in the NAHC survey, with an average decrease of 15% to 20%. Ironically, as the country adapted to the initial wave of the virus,

care delivery at home was pushed into the spotlight as a critical element in the next phase of the fight against COVID-19. Homecare will inevitably become a viable way to keep patients out of the hospital and has incredible potential to provide essential support—but what does the future patient population look like, and how can both staff and patients be kept safe?

Demand for Post-Acute Care Expected

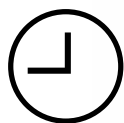
Because nearly all non-COVID-19 related care took a backseat across the nation and elective surgeries were paused, home health and home medical equipment professionals expect to face a more acute population to care for in the long term. Managing a high volume of patients who have put off their regular care for months or will be recovering from a long-overdue surgery could prove to be overwhelming for homecare. For example, home health agencies often help patients with wound care to prevent infection. If this care was discontinued or postponed for

75%

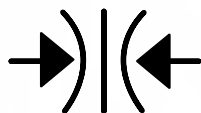
of retirees reported wanting to age in place as long as possible.



Feel the All-Day Difference®



all day comfort



mild compression



soft, breathable cotton



lightweight



IMAK COMPRESSION PRODUCTS HAVE EARNED THE ARTHRITIS FOUNDATION'S EASE OF USE COMMENDATION



ARTHRITIS GLOVES

Designed to help relieve aches, pains, and stiffness associated with arthritis of the hands and the only gloves on the market to have earned the Arthritis Foundation's Ease of Use Commendation for its design.



ARTHRITIS KNEE

Designed with all-day comfort in mind, this is the ideal choice for people living with chronic knee pain from arthritis, fibromyalgia, overuse or other conditions.



ARTHRITIS ELBOW

Provides mild compression for warmth and helps increase circulation, which ultimately reduces pain and promotes healing.



ARTHRITIS WRIST

Made of a soft, breathable cotton material that is comfortable enough to wear all day and maintains its elasticity over time.



ACTIVE GLOVES

Mild compression provides warmth and relieves swelling. Anti-slip grip dots add comfort and ease to everyday activities like driving, gardening, craft, hobbies and more.



Featured products have been recognized for their Ease-of-Use by the Arthritis Foundation.

www.brownmed.com • Contact Katja Planert to learn more • katja.planert@brownmed.com 816-482-3417.

©2020 Brownmed - IMAK and Feel the All-Day Difference are registered trademarks or registered trademarks of Brownmed (877-853-5518).

Check 106 on index.



Home health professionals have been unsung heroes during the pandemic, risking their own health by visiting patients' homes.

months, patients are at higher risk of complications and increased vulnerability to the effects of the virus.

In a push to keep patients healthy at home, connected technology can help keep both homecare professionals and seniors safe. Using wound care as an example, a homecare specialist would be able to observe the condition of the wound via a high-resolution camera, determine if it is infected, assess whether it needs to breathe or requires a particular ointment, and potentially even teach the patient or family how to dress the wound. This helps eliminate COVID-19 exposure while maintaining visibility into the patient's condition.

Telehealth's boom not only means new lines of business for home health providers, but also empowers proactive care delivery and, ultimately, leads to stronger patient outcomes. While health care stakeholders and policymakers may have missed the opportunity to invest in home health during the initial COVID-19 spike, reimbursement conversations around telehealth continue, and there is promise for home health

providers as they look to adopt telehealth into their practice standards.

Health Technology on the Rise

While some may dismiss seniors' comfort level with technology, the truth is, seniors repeatedly demonstrate their ability to leverage technology to manage their health, increasingly adopting a digital mindset. Americans age 65 and over reported a desire to use digital health more than other consumer age groups in an Accenture study, and this age group is increasingly willing to share data from wearables or apps with their health care providers. As the perception of older adults as tech-averse changes in the age of COVID-19, the health care industry's engagement strategies also need to adapt to better support this generation's desire to safely age in place.

With care delivery increasingly expanding beyond the hospital's four walls and into patients' homes, the ability to manage the complex needs of a growing aging population depends on embracing seniors' comfort with the digital world. Navigating

COVID-19's impact means improving the ability to reach patients where they are and equipping seniors and their families with the right tools to keep them healthy at home. Connected care solutions—such as telehealth and remote patient monitoring technology—will be key in managing the conditions of aging patients while keeping costs under control. During COVID-19, 91% of seniors using telehealth to gain access to care reported having a favorable experience in a poll conducted by the Better Medicare Alliance, and 78% said they would be likely to use it again. Telehealth visits not only help seniors feel confident that their health is in check without an in-person visit, but also empower them to manage their health independently at home. By bridging traditional clinical settings and homecare with technology, these solutions also allow for better optimization of scarce resources, enhance staff and patient safety, and help achieve the personalized care that seniors have come to value.

The Future of Homecare Relies on Technology

COVID-19 added more complications and considerations to the desire to age in place. Home health care will continue to be front and center as caregivers work to manage the health of vulnerable populations, for which timely and personalized care is critical. However, the future of home health's role in patient care relies more on the use of connected technology than ever before.

Health care stakeholders need to embrace seniors' increasingly digital lifestyle and identify ways to tailor care while offering safe options that limit exposure risk for both patients and staff. Only then will seniors feel empowered to age in place with confidence during this challenging time. **HC**

Cindy Gaines, MSN, RN, is chief nursing officer and clinical leader for Population Health Management at Philips. She has over 28 years of health care experience, including as chief operating officer and president of administration for a health system in Kalamazoo, Michigan. Gaines has led the integration of patient care across the care continuum and integrated program requirements of third-party payers.

A red-tinted photograph of the Phoenix city skyline, featuring various skyscrapers and buildings, serves as the background for the top half of the poster.

Save the Date

PHOENIX, ARIZONA

medtrade
WEST

APRIL 12-14, 2021

PHOENIX CONVENTION CENTER • PHOENIX, AZ

Produced by:



medtrade.com



One Is the Loneliest Number

How partnering with adult day services benefits homecare providers & patients

By Israel Lavrinoff

Loneliness has been hitting Americans harder than ever. The coronavirus pandemic has brought new challenges and issues to people of all ages, leaving portions of the country under lockdown with heavy restrictions to slow the spread of the virus. No group has been harder hit than seniors. This vulnerable population is now dealing with issues that they never imagined would happen. Will a walk around the block result in serious illness? Will a trip to the grocery store end in hospitalization? Will hugging a grandchild lead to SARS-CoV-2 infection? Everyday tasks that a senior could easily accomplish pre-coronavirus can now seem to be a matter of life or death.

Compounding the practical impediments to regular functioning in the senior population is loneliness. Visits from family and friends virtually ceased, and seniors could no longer attend birthdays, weddings and other important celebrations. A daily walk became a dangerous activity, limiting seniors' access to sunlight and vitamin D. The isolation felt by the world has been the hardest for homebound seniors, who may not have the technological skills to navigate the video calling services used to connect with others virtually.

Loneliness is not just an emotional concern; it physically impacts seniors' health. Chronic loneliness can shorten one's life span by as much as 20 years, accelerating dementia, anxiety and problems with physical health. Loneliness also has a negative impact on seniors'

immune systems, increasing inflammation and decreasing antiviral activity, making them more vulnerable to illness in general and to COVID-19 in particular. In terms of mental health, loneliness is associated with depression and psychological distress. Unfortunately, seniors have the highest suicide rate of any age group, comprising almost 1 in 5 suicides. Isolation compounded by the pandemic can be a catalyst for depression, making loneliness a real threat to seniors' wellbeing.

A Case Study

Here's one example. Six weeks after Oasis Day Center shut down under the public health emergency, one of our senior clients gave us a call. With no family nearby and no homecare aides, he had seen almost no one since he was last at the center. Visiting him brought a shock; the six weeks alone left him looking like he aged a decade. Speaking to us from his porch, he told us spending time without others was definitely taking its toll.

This particular client didn't have routine home health visitors, so his contact with others was very minimal; even those who do get visits by clinicians and caregivers may go months without seeing family and friends. Unfortunately, depressed and lonely clients can be harder to work with than their happier counterparts, as some depressed seniors lose motivation to be physically active or keep up with their medication regimens. This is where adult day cares and homecare providers can work hand in hand.

Social connection is a critical factor in better overall health for seniors with hearing loss

When it comes to untreated hearing loss, one of the biggest contributors to declining overall health is a lack of social engagement.

The key to enhancing care for seniors lies in understanding the options available to address issues like this one.

At Hamilton® CapTel®, we've compiled some compelling research and information for senior care professionals on the topic of hearing loss as it relates to social isolation and social engagement.

Social Engagement and Hearing Loss

This white paper explores the studies and data that connect hearing loss to other health conditions including social isolation, anxiety and depression – and how effective hearing loss treatments can help patients increase their overall quality of life.



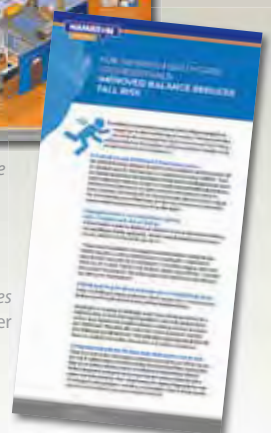
Download the white paper at:
HamiltonCapTel.com/HCM1020

Get the latest research and information from Hamilton CapTel



10 Technologies for People with Hearing Loss Infographic

Improved Balance Reduces Fall Risk White Paper



Make a Life-changing Connection For Your Seniors

Social engagement is more important now than ever. Get the latest research and information shaping the future of hearing healthcare for seniors at
HamiltonCapTel.com/HCM1020

Check 112 on index.

082720

A Possible Solution

Noting that our isolated client was having trouble navigating a new, virtual world, we helped connect him to a home health aide. Other aides—who can be a senior's eyes and ears and a trusted guardian and friend—have been increasingly calling us to arrange social calls with their clients. Adult day cares are leading the way in keeping older adults connected, with many centers delivering meals and activity kits and arranging daily calls and social teleconferencing. By bringing the social aspect of the day care to seniors in their homes, we are working together with our partners in homecare to alleviate the epidemic of loneliness that is impacting seniors. And because the coronavirus pandemic has been financially difficult for many Americans, adult day cares have been working to ensure that seniors and their families are aware of the full range of government benefits they are entitled to, particularly now.

I predict that, even if the virus passes, the role of adult day cares will grow in importance. As families become more reluctant to send their elderly members to nursing homes, aging in place is becoming an increasingly attractive—and safer—option for seniors. Day care has the ability to engage seniors with either in-person or virtual programming, which is helpful for alleviating loneliness. For seniors living with their families, day care can provide a source of quality interaction with peers and medical experts while adult children are occupied working from home.

Furthermore, seniors are hospitalized less frequently when they are in a care environment, and adult day care is one of the easiest ways to create that environment while allowing people to remain in their homes longer while remaining safe and engaged. Leaders in the adult day care industry understand the significance of this service, and are working with elected officials and insurance providers to ensure that adult day care becomes accessible for all seniors that are interested.

With the stakes of the loneliness epidemic so high, we can't afford to let our most vulnerable population feel isolated and alone. Working together, homecare providers and adult day care centers can ensure that our elderly can peacefully and comfortably age in place. **HC**

Israel Lavrinnoff is the founder, director and CEO of Oasis Day Center, established in 2019. He is an EMT and a chaplain with the New York State Chaplain Task Force and has a mission to transform 20% of health care a year.

Another Tool to Fight Loneliness: Robotic Pets

Robotic pets are a relatively new entrant into the senior care and memory care space. Joy For All launched its first Companion Pets with Hasbro in 2015, and the company has since worked on several research projects and studies on how the pets combat the epidemic of loneliness among seniors. Ted Fischer, president and CEO, gave HomeCare an update.

HomeCare: How might artificial intelligence/robotics help people remain at home longer?



Fischer: Since the outbreak of COVID-19, one positive is that the epidemic of loneliness in the senior population has come to light. And all these safety measures put in place to protect older adults are further isolating them.

We've been focusing on the epidemic of loneliness way before the pandemic. It's a problem that's front and center, and one of the things we're committed to is helping end that in some way. So as the pandemic struck, we had relationships with several states. They told us we have a problem that went from A to Z overnight because we cut off the peer interaction, we cut off the family interaction, and in some cases, we cut off the caregiver interaction. We're seeing that our products are being passed out by Agencies on Aging to those in need.

We're part of a program in Florida where you can get a pet or you can get a tablet. The tablet can help a ton with video calls. For others, it's not going to be 24/7 you're on this device, so you have the Companion Pet. In this use case, I think we're helping people who would otherwise be really lonely or isolated with at least some joy and happiness.

HomeCare: How is the AIRES Project going?

Fischer: We were originally awarded that grant back in our Hasbro days, with Brown University and their Humanities Center of Robotics Initiative. The grant is probably two-plus years in. We've done quite a bit on the research side, trying to figure out if we are to add artificial intelligence (AI) to the platform, what would that be and to what end? Why would we add it?

One of the things we've been enormously protective of is some of the magic that occurs between our product and the end-user is in the simplicity. You don't really need instructions for the product. You take it out of the box, name it Fluffy and the magic starts. We don't want to ruin anything about that relationship, and we think that's the most important piece.

We went into this grant process with Brown with the idea that we aren't adding AI for the sake of AI. We want to make sure it fits in with our product and what the product was intended to do—how we thought about what brings joy and happiness and makes meaningful connections.

HEMOCARE: What are some additional goals that have occurred from the partnership?

FISCHER: The whole intent of AIRES was to figure out some simple daily weekly tasks or things that are bothersome in some way that our product in a connected form might help alleviate or eliminate. A lot of people are saying, "Your cat should give pill reminders!" But, would a real cat do that? Probably not, but our cat might.

I know that pill reminding is a great

and wonderful thing and I don't want to undermine that. We want to maintain the sanctity of the relationship with the person and I don't want to be aggravating the person by adding something that will take away from that relationship. We want to know if mom or dad wakes up every day and by 10 interacts with the pet. Is there a cadence to that? How many times during the day? So you start thinking about the meaningful implications of that, to a family member, that could be very valuable to know.

HEMOCARE: Do you think robotics/technology will eventually replace trained health care providers?

FISCHER: At a 50,000-foot level, I don't see it. One thing I love is this is one of the most authentic marketplaces I've ever been part of. I find that compassionate

people drive the innovation in this space. I can't see AI or robotics of any kind replacing that compassion of the incredible people in this space with our older adults. Can it enhance, can it help can it improve? Absolutely.

We get excited that our products give caregivers a little more time to do things for their loved ones because when they're engaged with the pets, they don't require the full hands-on attention. So they get 30 minutes to go something for their loved one rather than being tethered due to agitation or memory issues. There will be continued innovation to enhance the interactions or enhance the important work that needs to be done. But I never see it being replaced.

Read the rest of Fischer's interview at homecaremag.com/robotic-pets.

UNBEATABLE SERVICE

75 YEARS STRONG

PERFECT HEIGHT BED™

- ✓ head to toe + up and down
- ✓ fits with any decor
- ✓ wireless remote control
- ✓ zero-gravity for muscle pain
- ✓ climate-controlled mattress

Call today for unmatched customer service and same-day shipping to your customers.



PARKS
Health Products

We've Been Lifting You Up for 75 Years.

Let's Chat! 844-433-2435 | parkshealth.com

Check 122 on index.

Your Trusted Solution for All



Protekt® Foam Cushion HCPCS E2601

- Helps in prevention & treatment of pressure sores.
- High density polyurethane foam.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 1 year warranty. • Weight Capacity: 250 lbs.

70001	16"x16"x2"
70002	18"x16"x2"
70003	20"x16"x2"
71001	16"x16"x3"

71002	18"x16"x3"
71003	18"x18"x3"
71004	20"x16"x3"
71008	20"x18"x3"



Protekt® Gel Cushion HCPCS E2603

- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- High density polyurethane foam.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

73001	16"x16"x2"
73002	18"x16"x2"
73003	20"x16"x2"
74001	16"x16"x3"

74002	18"x16"x3"
74003	18"x18"x3"
74004	20"x16"x3"
74014	20"x18"x3"



Protekt® Supreme Cushion HCPCS E2605

- Molded high density pressure sensitive foam.
- Leg troughs promote thigh alignment and postural symmetry.
- Raised front ridge controls sliding.
- Low shear and breathable stretch nylon cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

76017SP	14"x14"x3"
76001SP	16"x16"x3"
76002SP	18"x16"x3"

76003SP	18"x18"x3"
76004SP	20"x16"x3"
76008SP	20"x18"x3"



Protekt® Ultra Cushion HCPCS E2607

- Gel Bladder designed to eliminate migration.
- Gel infused visco foam top layer.
- Medial and lateral side supports facilitates positioning.
- Trochanter cut outs facilitates proper pressure redistribution.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

77001	16"x16"x3"
77002	18"x16"x3"
77008	18"x18"x3"

77003	20"x16"x3"
77009	20"x18"x3"



Protekt® Foam Bariatric Cushion HCPCS E2602

- Ultra high density foam.
- Helps in the prevention of pressure sores.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 1 year warranty. • Weight Capacity: 400 lbs.

71005	22"x18"x3"
71006	24"x18"x3"
71012	24"x20"x3"
71007	26"x18"x3"
71017	26"x20"x3"

72004	22"x18"x4"
72005	24"x18"x4"
72106	24"x20"x4"
72006	26"x18"x4"
72107	26"x20"x4"



Protekt® Gel Bariatric Cushion HCPCS E2604

- Ultra high density top foam layer.
- Gel bladder designed to eliminate migration.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

74005	22"x18"x3"
74006	24"x18"x3"
74008	24"x20"x3"
74007	26"x18"x3"
74020	26"x20"x3"

75004	22"x18"x4"
75005	24"x18"x4"
75009	24"x20"x4"
75006	26"x18"x4"
75010	26"x20"x4"



Protekt® Supreme Bariatric Cushion HCPCS E2606

- Ultra high density pressure sensitive molded foam.
- Leg troughs promote thigh alignment and postural symmetry.
- Raised front ridge controls sliding.
- Low shear and breathable stretch nylon cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

76005SP1	22"x16"x3"
76005SP	22"x18"x3"

76006SP	24"x18"x3"
76007SP	26"x18"x3"



Protekt® Ultra Bariatric Cushion HCPCS E2608

- Gel Bladder designed to eliminate migration.
- Gel infused visco foam top layer.
- Medial and lateral side supports facilitates positioning.
- Trochanter cut outs facilitates proper pressure redistribution.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

77004	22"x18"x3"
77010	22"x20"x3"
77005	24"x18"x3"

77011	24"x20"x3"
77006	26"x18"x3"
77012	26"x20"x3"



Protekt® Back Cushion HCPCS E2611/HCPCS E2612

- Improves seating posture while providing back support and comfort.
- Conforms to provide support to lumbar region.
- Stabilizing board insert prevents hammocking in sling back wheelchair.
- Low shear and breathable stretch nylon cover.
- Adjustable safety straps for added security.
- 18 month warranty.

79001	16"x17"
79002	18"x17"
79003	20"x19"
79004	22"x19"

79005	24"x19"
79006	26"x19"
79009	28"x19"
79010	30"x19"

FOR MORE INFORMATION, PLEASE CALL OR VISIT:

270 Washington Street, Mount Vernon, NY 10553 • Tel: 855-237-7622 • www.proactivemedical.com

Seating and Positioning Needs



Protekt® Seat & Back Combo Cushion HCPCS E2601/E2611 HCPCS E2602/E2612

- Combines a foam wheelchair cushion with a back cushion.
- Individual cuts provide pressure redistribution.
- Contoured back portion will help with lumbar support.
- Low shear and breathable stretch nylon cover reduces perspiration.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

79200	16"x32"x3"-1"	79203	22"x32"x3"-1"
79201	18"x32"x3"-1"	79204	24"x32"x3"-1"
79202	20"x32"x3"-1"	79205	26"x32"x3"-1"



Protekt® Adjustable Tension Back Cushion HCPCS E2611/E2612

- Full range of infinite seating positions.
- High density foam and adjustable tension straps.
- Helps encourage proper spine alignment & seating posture.
- Breathable nylon cover.
- 1 year warranty.

79400	16"-21" wide x 16" high
79401	22"-26" wide x 16" high



Protekt® Foam Coccyx Cushion

- Helps in the prevention of pressure sores.
- High density polyurethane foam.
- Cut-out design removes pressure off the coccyx.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

70001CX	16"x16"x2"	71002CX	18"x16"x3"
70002CX	18"x16"x2"	71004CX	20"x16"x3"
70003CX	20"x16"x2"	71005CX	22"x18"x3"
71001CX	16"x16"x3"	71006CX	24"x18"x3"



Protekt® Gel Coccyx Cushion

- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- High density polyurethane foam.
- Cut-out design removes pressure off the coccyx.
- Breathable and comfortable stretch cover.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

73001CX	16"x16"x2"	74002CX	18"x16"x3"
73002CX	18"x16"x2"	74004CX	20"x16"x3"
73003CX	20"x16"x2"	74005CX	22"x18"x3"
74001CX	16"x16"x3"	74006CX	24"x18"x3"



Protekt® Foam Wedge Cushion

- High density polyurethane foam.
- Wedge shape improves posture support.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

76056	16"x16"x4"-2"	76152	20"x16"x3"-1.5"
76161	18"x16"x4"-2"	76053	20"x18"x4"-2"
76162	20"x16"x4"-2"	76168	22"x16"x4"-2"
76149	16"x16"x3"-1.5"	76054	22"x18"x4"-2"
76150	18"x16"x3"-1.5"	76055	24"x18"x4"-2"



Protekt® Gel Wedge Cushion

- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- Wedge shape improves posture support.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

76056G	16"x16"x4"-2"	76152G	20"x16"x3"-1.5"
76161G	18"x16"x4"-2"	76053G	20"x18"x4"-2"
76162G	20"x16"x4"-2"	76168G	22"x16"x4"-2"
76149G	16"x16"x3"-1.5"	76054G	22"x18"x4"-2"
76150G	18"x16"x3"-1.5"	76055G	24"x18"x4"-2"



Protekt® Foam Wedge w/Pommel Cushion

- Pommel controls hip adduction and forward sliding.
- Wedge shape improves posture support.
- Pommel promotes proper hip positioning.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

76056P	16"x16"x4"-2"	76152P	20"x16"x3"-1.5"
76161P	18"x16"x4"-2"	76053P	20"x18"x4"-2"
76162P	20"x16"x4"-2"	76168P	22"x16"x4"-2"
76149P	16"x16"x3"-1.5"	76054P	22"x18"x4"-2"
76150P	18"x16"x3"-1.5"	76055P	24"x18"x4"-2"



Protekt® O2 Cushion

- ### HCPCS E2624/E2625
- Adjustable 2" or 4" high air cells offers deep immersion to provide excellent pressure redistribution.
 - Dual valve compartments can be adjusted independently to increase positioning and stability.
 - Nylon breathable cover with non-skid bottom and safety straps.
 - Weight Capacity: 500 lbs. • 5 year warranty.

78001	16"x16"x2"	78004	16"x16"x4"
78002	18"x16"x2"	78005	18"x16"x4"
78007	18"x18"x2"	78008	18"x18"x4"
78003	20"x16"x2"	78006	20"x16"x4"
78011	20"x18"x2"	78009	20"x18"x4"



Protekt® Seat Relief

- Compact pump features alternating cycle times of 10, 15 or 20 min, (5) comfort settings, and static function.
- Rechargeable battery lasts up to 12 hours.
- Gel-infused memory foam for added pressure redistribution and comfort.
- Low battery & low pressure indicators.
- Convenient carrying case for easy portability.
- Weight Capacity: 300 lbs.
- 1 year warranty.

80120	16"x16"x3"	80122	20"x16"x3"
80121	18"x16"x3"	80126	20"x18"x3"
80124	18"x18"x3"	80127	22"x18"x3"

FOR MORE INFORMATION, PLEASE CALL OR VISIT:

270 Washington Street, Mount Vernon, NY 10553 • Tel: 855-237-7622 • www.proactivemedical.com

PARTNERSHIPS

Being a Better Partner

5 keys to choosing a private equity group

By Bradley Smith

For health care business owners searching for a secession plan, including the sale of their business, there's an alternative financial technique known as a private equity recapitalization (recap), in which health care business owners can sell a portion of their business to private equity group (PEG) partners and still have the opportunity for growth.

This article will help you better understand how to partner with a PEG. For more on the basics of how recaps work, see the September issue of HomeCare or visit homecaremag.com.

Selecting the Right PEG

If your health care business possesses the qualities that PEGs are looking for, you will likely be in a position to consider multiple PEGs as potential partners. How do you help narrow down your choices? Take the following steps:

1 Understand the different kinds of PEGs.

There are a variety of PEG models—from traditional private equity to the fundless sponsor to the search fund to the family office—and one may be a better fit for your business than others. PEGs differ in many ways. One of the most significant concerns is how they approach operating the business.

The traditional PEG, for example, brings committed capital and then expects to work with an operator at the business following the recap. On the other hand, a search fund, which is usually led by someone without extensive experience who is financially backed by several private equity firms, will often expect to run and operate the business after completing the recap.

You want to try to determine what the PEGs would add to your business. How can—and hopefully will—they help you following the recap?

In addition to taking different approaches to business operations, PEGs also approach hold times differently. Whereas a traditional PEG may hold a company for five to seven years, a family office can hold a company for 20 to 30 years. Understanding the hold times and their dynamics will help you determine the right PEG for your business.

2 Review their history.

Ensure the PEGs you are considering have a good track record of closing deals and completing recaps successfully. You should also try to determine if they have the ability to raise the capital to fund the recap as well as additional capital for future acquisitions.

Also look for health care investment experience. For owners of homecare businesses, it's worthwhile to dig a little deeper to see if the PEGs have experience investing in the sector. That's a plus. With that said, it's best not to rule out any PEGs just because they lack such experience. A PEG with health care experience in an adjacent sector can still deliver benefits.

3 Check their portfolio.

You want to see other health care companies in their portfolio. One of the most significant reasons is to check for crossover opportunities. Oftentimes, you can find

synergies between portfolio companies. Consider this: a company that makes peanut butter and a company that makes jelly or chocolate. The companies can succeed on their own, but bring them together and you have businesses with the ability to grow to new levels together.

4 Get to know the company and its leadership.

You want to try to determine what the PEGs would add to your business. How can—and hopefully will—they help you following the recap? This may require some digging, but if you put in the work, you'll hopefully be able to paint a clearer picture of how your business should change (preferably for the better) after the recap.

Consider that most health care business entrepreneurs are operators, clinicians or both. A skill set they typically lack is knowledge and experience about the financial, accounting and/or systems and processes side (i.e., the back end) of the business. Entrepreneurs are often more interested in and focused on running the business, which means taking care of patients, completing sales or tackling other tasks that are essential to generating revenue. Many of the professionals working for PEGs have strong backgrounds in



Collaborating to Generate Positive Outcomes for HME



When payer issues arise, AAHomecare member Ryan Bullock knows where to turn. Do you?

“AAHomecare has provided a platform to bring together other providers to set the stage for having an open discussion around topics that affect us collectively. Having One Voice is important to legislators and payers, and the councils help bring together that One Voice. If I had one thing to tell HME providers who are considering joining AAHomecare, it would be that we need more companies on board to strengthen our collective ability to generate positive outcomes at the federal, state, and individual payer level. Whether you are a traditional HME provider or niche provider, we need you on board.”

- Ryan Bullock, Chief Operating Officer, Aeroflow Healthcare



Amplify Your Voice

AAHomecare is proud to lead advocacy, lobbying, and payment reform efforts for home medical equipment providers, manufacturers, and other stakeholders in our industry at the national and local levels. Our efforts include engaging Congress, federal agencies, state Medicaid authorities, and other payers to support sustainable reimbursement rates and reign in unnecessary regulations. Amplify your voice through AAHomecare membership, and help us advance the value of today's HME provider across the healthcare industry.

Join Today! Together we can succeed. Contact Michael Nicol, AAHomecare's senior director of membership, at michaeln@aahomecare.org to explore how the Association can help you succeed.



Analysis



Advocacy



Support



understanding systems and processes—that is, the boring but essential behind-the-scenes work. That can be incredibly valuable to a health care business for achieving growth, improving performance and streamlining efficiencies.

5 Speak with portfolio companies.

You can also learn a lot by speaking with representatives from one or more of the health care companies in their portfolios. How was the recap process? What has happened since completing the recap? Where are they in the lifecycle as a portfolio company? Asking these and other questions will help better prepare you for what will happen once you complete the recap.

Desirable Qualities

The private equity market is now providing better opportunities for most entrepreneurs. Do you have what PEGs are looking for? Here are a few essential qualities PEGs look for when considering whether to pursue a recap:

- **A strong management team in place:** PEGs often place as much value on your team's potential for success as they do on financial performance to date.
- **A clear path to success:** PEGs may be

less knowledgeable about your market dynamics than a strategic buyer, but your ability to project an understandable picture of the future (as shown in your business plan) increases your credibility and ultimately your value.

- **Organic scalability:** Enhance your options and opportunities to grow even though you may not choose to act aggressively on them for good reasons, such as limited cash flow.
- **Opportunities to grow through acquisition:** Identify what may be out there for acquisitions, either horizontal (companies with services or products like yours) or vertical (complementary companies). Again, you may not choose to act on these possibilities, but knowing about them is part of presenting a path to success.
- **The ability to articulate your strengths and weaknesses:** Every business has competitive advantages and disadvantages. Being honest about them helps a PEG assess the opportunity. Keep in mind that PEGs often have many resources they can access to compensate for weaknesses.
- **A willingness to put money where your**

mouth is: Keeping a strong equity stake in the new venture not only shows good faith but also demonstrates that you are willing to commit your money to the future earnings of the company.

Many Options

No matter the challenges presented in today's business climate, there are many options open to you. Every situation is different.

A PEG partner can be a great solution for a business in which the owner is optimistic about the future but still wants to diversify his or her personal net worth.

But going down this road can be as complicated as—if not more complicated than—an outright sale, and comes with its own set of risks. By knowing your options, you can put together the best possible deal when the time comes. **HC**

Bradley Smith, ATP, CMAA, is a former durable medical equipment company owner and is currently a managing director/partner with the international health care mergers and acquisition firm VERTESS. If you would like to personally discuss this article, the value of your health care company or practice or how to get the best price when you sell it, you can reach Smith directly at (817) 793-3773 or at bsmith@vertess.com.

The Event Designed with You in Mind

For many months, you have worked tirelessly supporting our members who have been caring for their staff, residents, and clients. Now is not the time to pull them or you away.

To ensure that you can remain where you are truly needed, LeadingAge has created a virtual experience unlike anything you've participated in before - a different kind of online event developed to maximize your time and work with your schedule, while delivering powerful opportunities that will help your organization meet the needs of the people you serve today and in years to come.

**JOIN US THIS NOVEMBER.
ONLINE. TOGETHER.**

November 10-12 + November 17-19

(each day kicks off at 1:00pm EST)



LEADINGAGE
Annual Meeting
Virtual Experience

NOVEMBER 10-12 + NOVEMBER 17-19 | 2020

Register at leadingage.org/Virtual

Can You Sell Portable Oxygen Concentrator Accessories for Cash?

Dive into the Medicare policy

By Jeffrey S. Baird & Lisa K. Smith

Assume that a durable medical equipment (DME) supplier rents a portable oxygen concentrator to a Medicare beneficiary, takes assignment and bills Medicare. Can the provider sell accessories (extra batteries, backpacks, replacement cords) to the same person for cash?

In answering this question, we must look to the Oxygen Local Coverage Determination (LCD) and Oxygen Policy Article. The Oxygen LCD states:

MISCELLANEOUS:

Oxygen reimbursement is a bundled payment. All options, supplies and accessories are considered included in the monthly rental payment for oxygen equipment. Oxygen rental is billed using the appropriate code for the provided oxygen equipment. Separately billed options, accessories or supply items will be denied as unbundling.

The Oxygen Policy Article states:

Months 37-60

There is no further payment for oxygen equipment during the five-year reasonable useful lifetime of the equipment after 36 rental payments have been made. If use of portable equipment (E0431, E0433, E0434, E1392,

K0738) begins after the use of stationary equipment begins, payment for the portable equipment can continue after payment for the stationary equipment ends until 36 rental payments have been made for the portable equipment ... The supplier who provided the equipment during the 36th rental month is required to continue to provide the equipment, accessories, contents (if applicable), maintenance, and repair of the oxygen equipment during the five-year reasonable useful lifetime of the equipment.

Months 61 and after

After the end of the five-year reasonable useful lifetime for oxygen equipment, the beneficiary may elect to receive new equipment, thus beginning a new 36-month rental period. If the beneficiary elects not to receive new equipment after the end of the five-year reasonable useful lifetime and if the supplier retains title to the equipment, all elements of the payment policy for months 37-60 remain in effect. There is no separate payment for accessories or repairs. If the beneficiary was using gaseous or liquid oxygen equipment during the 36th rental month, payment can continue to be made for oxygen contents.

If the beneficiary elects not to receive new equipment after the end of the five-year reasonable useful lifetime and if the supplier transfers title of the equipment to the beneficiary, accessories, maintenance, and repairs are statutorily non-covered by Medicare.

OXYGEN ACCESSORIES:

Accessories, including but not limited to, trans-tracheal catheters (A4608), cannulas (A4615), tubing (A4616), mouthpieces (A4617), face tent (A4619), masks (A4620, A7525), oxygen conserving devices (A9900), oxygen tent (E0455), humidifiers (E0555), nebulizer for humidification (E0580), regulators (E1353), and stand/rack (E1355) are included in the allowance for rented oxygen equipment. The supplier must provide any accessory ordered by the treating practitioner. Accessories used with beneficiary-owned oxygen equipment will be denied as noncovered. Code E1392 describes an oxygen concentrator which is designed to be portable, is capable of delivering 85% or greater oxygen concentration, and is capable of operating on either AC or DC (e.g., auto accessory outlet) power. Code E1392 includes the device itself, an integrated battery or beneficiary-replaceable batteries that are capable of providing at least two hours of remote portability at a minimum of 2 liters per minute (LPM) equivalency, a battery charger, an AC power adapter, a DC power adapter, and a carry bag and/or cart. The combined weight of the concentrator and the battery/batteries capable of two hours of portability must be 20 pounds or less. If a concentrator meets all of these criteria and is also capable of functioning as a stationary concentrator, operating 24/7, the stationary concentrator code (E1390) is billed in addition to code E1392.

Waiver Required

To the extent that the accessory requested by the beneficiary is included as a component of the E1392 HCPCS description, the supplier cannot charge the beneficiary separately for the item unless the five-year

HOME CARE AND HOSPICE CONFERENCE AND EXPO

OUR HEALTH

Caring for
Caregivers

Join us
LIVE
online!

Virtual Event: October 19–21



Register Today!
2020annual.NAHC.org

reasonable useful lifetime has expired and the supplier has transferred the title of the oxygen equipment to the beneficiary. If, however, the accessory is in addition to the items required to be provided by the supplier, the supplier can charge the beneficiary for the item, but the supplier should obtain a signed Advance Beneficiary Notice (ABN) disclosing that the item requested exceeds the quantity covered by Medicare.

For example, if the supplier provides the required battery that generates at least two hours portability at two liters per minute, and the beneficiary wants an additional battery, then the DME supplier can obtain a signed ABN and charge the beneficiary for it. If, however, the beneficiary wants a replacement DC power adapter because the one originally provided to them no longer works, the supplier cannot charge the beneficiary because the supplier is required to repair and replace covered rental items unless the five-year reasonable

useful lifetime period has expired and the supplier has transferred title to the oxygen equipment to the beneficiary.

Nonparticipating Suppliers

Would the answers above change if the supplier is not a participating Medicare supplier and does not accept assignment on the rental of the portable oxygen concentrator?

DME suppliers enrolled with Medicare can choose whether to be participating or nonparticipating. Participating suppliers have signed a contract with Medicare agreeing to accept assignment on all services rendered to Medicare beneficiaries. Nonparticipating suppliers have the option of accepting assignment on a claim-by-claim basis, except where Medicare regulations require mandatory assignment (e.g., Medicare-covered drugs, competitive bidding contracts, etc.). If a nonparticipating supplier does not accept assignment,

the supplier can charge more than the Medicare allowable and will collect directly from the beneficiary. In this instance, the supplier is required to file the claim with Medicare on a nonassigned basis on behalf of the beneficiary, and any Medicare reimbursement is sent directly to the beneficiary.

Medicare regulations also state:

Before furnishing oxygen equipment, the supplier must disclose to the beneficiary its intentions regarding whether it will accept assignment of all monthly rental claims for the duration of the rental period. A supplier's intentions could be expressed in the form of a written agreement between the supplier and the beneficiary.

Some have interpreted this language to mean that if a nonparticipating supplier informs the beneficiary that it intends to

How 14,000 of your peers start their week.

Subscribe
FREE
to news
HomeCare
NOW

HOMECAREMAG.COM/
SUBSCRIBE

accept assignment for all monthly rentals, it is required to do so. However, in the comments published in the Federal Register on Nov. 9, 2006, related to the adoption of the final rule, the Centers for Medicare & Medicaid Services (CMS) stated:

“While we proposed to require an up-front declaration on assignment intentions, a supplier would not be bound by such declaration unless the supplier chooses to do so. ... While we proposed that a supplier’s intentions could be expressed in the form of a written agreement between the supplier and a beneficiary, we did not propose to require a binding written agreement. A supplier could select the form of the declaration. If a supplier chose to offer a written agreement, the nature of such agreement would be between the supplier and the beneficiary.”

Therefore, absent a written agreement with the beneficiary to the contrary, a

supplier can choose whether to accept assignment on claims for oxygen equipment on a claim-by-claim basis.

To the extent that the accessory requested by the beneficiary is included as a component of the E1392 HCPCS description (for example, the beneficiary needs a replacement battery or charger), a nonparticipating supplier cannot charge the beneficiary separately for the item regardless of whether the supplier has accepted assignment on the equipment rental claims or not, unless the five-year reasonable useful lifetime has expired and the supplier has transferred the title of the oxygen equipment to the beneficiary. While the nonparticipating supplier cannot usually charge the beneficiary separately for such items, the supplier can choose not to accept assignment for one or more of the oxygen equipment rental claims. In this situation, the supplier will collect from the beneficiary its usual and customary charge for the rental

of a portable oxygen concentrator which can be more than the Medicare allowable.

When a supplier submits a Medicare claim on a nonassigned basis, it must have the beneficiary sign a claim authorization. While normally this can be a one-time claim authorization specifying the item (such as for supplies billed monthly on a nonassigned basis), a separate signed claim authorization is required for each month that a rental item is billed on a nonassigned basis. **HC**

Jeffrey S. Baird, JD, is chairman of the Health Care Group at Brown & Fortunato, PC, a law firm with a national health care practice based in Texas. He represents pharmacies, infusion companies, HME companies, manufacturers and other health care providers throughout the United States. Baird can be reached at (806) 345-6320 or jbaird@bf-law.com.

Lisa K. Smith, JD, is an attorney with the Health Care Group at Brown & Fortunato, PC. She represents pharmacies, infusion companies, HME companies, manufacturers and other health care providers throughout the United States. Smith can be reached at (806) 345-6370 or lsmith@bf-law.com.

MES is here for YOU the HOMECARE HERO!



Live Customer Service



Veteran Owned for 53 Years



Same Day Shipping

800-423-2215

mymesinc.com

Check 121 on index.

Trust the Numbers

Your post-pandemic sales strategy depends on using market data to your advantage

By Ty Bello

Has 2020 turned out the way you expected for your business? If you are like most of the country, the answer is no. With the COVID-19 pandemic taking center stage for providers in home medical equipment (HME), home health and hospice, this year has been one of disruption. Many providers have been knocked off target and must course correct to end the year strong and set a strategy for 2021.

I will examine how market data has changed over the years, the key elements that claims data can provide and an actionable data strategy plan every provider can use as you strategize your 2021 sales plan.

Data Has Changed

As coding and claims tracking have improved over the years, so has the data produced by these submissions. Less than 10 years ago, data was wildly inaccurate, and this often created confusion and distrust for the marketing and sales team—and even for leadership in many instances.

While claims data is not 100% accurate, the quality of the data is better than ever and timelier, too. Data is no longer 18 to 24 months old. Now, claims data is typically from the previous quarter and provides a complete market analysis that can drive all sales efforts.

The Three Key Elements that Accurate Market Data Provides

Market data provides a clear path to target referral success and prevents time wasted on accounts that either produce minimal referrals or are already deeply entrenched



with competitors. Here's what to look at:

1 Referral Source Ranking

This is typically a range from 10 to 1, where any referral source ranked with a 10 would be associated as a high-volume prescriber of that specific product, and a 1 would indicate a low-volume prescriber. The data validates what you have already assumed about a specific referral source.

2 Specific Targeted Product or Service

Source ranking will further quantify the volume of referrals done. Don't rely on gut instincts and or prognostication; rather, the data will clearly show who the top referrals are and the volume they prescribe for a specific product or service.

3 Competitive Trending

Market data provides in-depth historical and current trends on each referral source for a specific product or service. That means you have the ranked referral source and the volume of referrals, and you know which competitors they are sending referrals to. This will also show you how much business you are getting (or not getting) from these referral sources, as your provider number is in this data.

Know Your Competition

Competitive trending is the differentiator. Take a look at the competitors vying for a share in your marketplace. Who is a constant presence at nearly every sales call your team makes? It's important to understand the competition as if it is a battle to be fought. To come to the market without knowing your

competition at this level will leave gaps in your market approach, strategy and penetration.

It is highly recommended that a S.W.O.T. (strengths, weaknesses, opportunities and threats) analysis be done on each competitor. This must be a joint effort for leadership and the sales team. Take the information gathered about each competitors' strengths and use them as the opportunities your business has to beat the competition as you go into each market. Competitive trending allows providers to take the information from the SWOT analysis and exponentially enhances what the strategy with targeted referrals sources must be.

Develop a Data Strategy

Market data is more reliable than ever before, and the three key elements that data offers are competitive game-changers.

Yet there are countless providers who have this information but don't optimize it to positively impact their business. Simply stated, providers do not live by data alone.

To differentiate and capitalize on the data the way it was intended, you need to have a specific data strategy.

In the December 2019 issue of HomeCare, I shared an article titled "Getting From Here to There in 2020." This article provides a four-step strategic planning process to optimize your business. The four parts of this strategy are:

- Understanding the Here
- Defining the There
- Finding the Path
- Getting There

It's important to note that after navigating from here to there, you still must execute the plan. Execution is how your team works together to achieve the

business optimization steps laid out in the plan, measured by the established metrics and reported upon during the business optimization meeting. That article (which you can find at homecaremag.com) will help as you create a 2021 sales strategy and will prepare you to develop a strong strategy that produces results. The incorporation of market data will accelerate the results of your plan.

The best time to begin your 2021 sales strategy is now. Your plan will affect not only 2021, but also the remainder of 2020. **HC**

Ty Bello, RCC, is the president and founder of Team@Work, LLC. He is an author, communicator and registered coach. The team at Team@Work has more than 50 years of combined experience in assessing, developing and coaching sole proprietorships, sales teams, C-suite executives, individuals and teams in a variety of industry settings. Contact Bello at ty@teamatworkcoaching.com for your sales and management coaching needs. Visit teamatworkcoaching.com for more information.



**You work hard
SO PATIENTS CAN
live their best lives.**

See how the TIMS Software productivity tools can help...

- Referral & Patient Intake
- Fulfillment & Touchless Delivery
- Claims Processing
- Accounts Receivable & Collections
- Business Intelligence & Financials

**... so you can FOCUS
on what matters most.**

TIMS
SOFTWARE | SERVICE | SUPPORT

WWW.TIMSSOFTWARE.COM/MEDICAL

Check 120 on index.

HR: NEW CHALLENGES

Making Human Resources Work During COVID-19

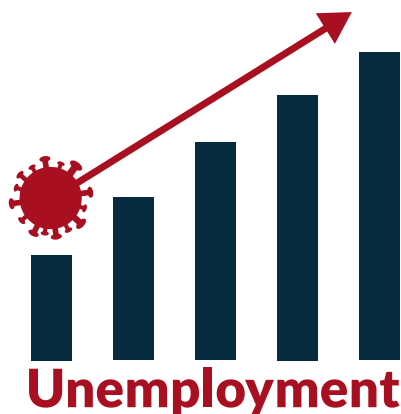
Why listening to employee concerns should be a top priority

By Kristin Easterling



Brian Evans, senior care practice leader, Adams Keegan

Congress passed the Families First Coronavirus Response Act in early March in order to offer financial help to millions of Americans facing job losses due to the novel coronavirus pandemic. The act included provisions to help employers cover payroll and operating expenses during the crisis.



Home health took a hit at the beginning of the pandemic as patients refused care in their home out of fear of exposure, resulting in furloughs and layoffs. As the outbreak spread in senior living facilities, people became more comfortable with homecare, but staff were not as ready to come back to work, especially as schools and daycares remained closed. Brian Evans, leader of

the senior care practice at Adams Keegan, recently spoke with HomeCare about the human resources challenges the industry is facing and how to overcome them.

HOME CARE: What are some of the biggest struggles in human resources (HR) right now?

BRIAN EVANS: What's going on right now in the homecare, home health and senior care industry is a stress test. Every piece of your organization is being stressed and I would say really none greater than HR. You've got legal and policy struggles; there's liability questions; what is your COVID-19 policy? People are asking questions about returning to work—is it safe? Recruiting has always been a bit of a challenge, and what we're seeing is that it's harder now than it was 10 months ago.

From the human element of human resources, there is a lot of stress in the workforce for senior care and home health behind “what if something happened?” This was the question when all of this started: “If I test positive, what's going to happen to me?” That's a big, complicated question. And obviously the government's involved. There's a lot of laws involved, so it's not as simple as an executive making a decision. There's a lot of other guidelines to take into account when they're driving their policy.

HOME CARE: What are some of the risks that home health employers have faced due to the legislation that's been passed recently?

EVANS: So the Families First Coronavirus Response Act (FFCRA) has really been the biggest challenge because you get into this whole thing of what a health care worker is. There's a clinical definition and then there's home health, where we are not really providing medical care, but providing support.

If you have less than 50 employees, you can be exempt from the law. But, at least to the industry's understanding, the law isn't written that way. I have a lot of senior care and home health clients that have 40 people in the field one day and they have 70 people in the field another. The FFCRA is not using the traditional Affordable Care Act (ACA) definition of what 50 employees is—that is, the equation that we use for ACA reporting. If you've got 60 people in the field on a given day, you're over 50 employees, and it creates a real challenge in liability for the business. If you're over 50 employees as a home health provider, you're going to be required to offer some paid leave if people test positive or need childcare. That's a cost that you were not anticipating for your business

HOME CARE: Why should employers

We believe that the employee pool is shrinking. We're seeing this across the senior care spectrum—whether it's home health or at the facility—they're struggling to find people. That is a real, real challenge.

listen to their employees' concerns about returning to work?

EVANS: We've seen there is an emotional toll taking place and listening is the first step of giving people comfort and confidence to feel good about coming back to work. If you're not listening to your employees, you're probably going to see your workforce

that has traditionally been dependable stop coming in because you're not addressing their concerns.

HOME CARE: How do you create a leave policy that helps workers feel safe and appreciated?

EVANS: I've talked to some clients about the policies that are changing because of

the crisis. I think we're seeing—for a number of different reasons—the employee pool is shrinking. I've been telling clients to be fair but firm. You need to get ahead of this and have policies in place that are firm in how they address the issue, but accommodating to employees' needs.

HOME CARE: How has the pandemic changed recruiting?

ZOEY CPAP Cleaner

CHOOSE *what to* **CLEAN**

clean your mask, tube, and machine, or just your mask and tube. Zoey gives you options.



**Easy to use.
Easy to love.**

KEEP YOUR CUSTOMERS

We are B2B only and will never sell to your customers. We are here to support you, not compete with you.

from
SUNSET
HEALTHCARE SOLUTIONS

Call 877-578-6738 or visit SunsetHCS.com

Check 124 on index.



EVANS: It's made it harder. Again, we believe that the employee pool is shrinking. We're seeing this across the senior care spectrum—whether it's home health or at the facility—they're struggling to find people. That is a real, real challenge. I think the recruiting challenges that you had previously of trying to find people have only been exacerbated by what's going on. Ask yourself these questions:

- What tools do you have in your box to convince people to come and work for your company?
- What are you offering them?
- What are you showing them?
- What are you giving them?

It's not like a more traditional company, where sometimes a little bit more pay and

more benefits are enough to get somebody to come over.

What we see in homecare is that benefits are not a driver of recruitment. Of course, for some employees they are, but it's not an industry standard, unless you're paying for all the benefits, which is probably not financially feasible for a home health agency. So you've got to find ways to be accommodating.

HOME CARE: You said benefits aren't really a driver of recruitment, but what are some of the benefits that people do look for?

EVANS: I think in these times, childcare is the perfect example. The thing in the home health industry that we hear from clients is

that caregivers will go across the street for a quarter.

One thing we've seen some clients do on the recruiting side is offer hero pay. We're seeing this with a lot of our clients where anxiety is high, so they are telling the employees that are working, "Hey, if you work 35 hours, we're going to give you a \$50 weekly bonus." That is something that says, "Okay, you recognize the risk and my concerns and you're willing to compensate me a little bit more."

HOME CARE: Have the CARES Act and unemployment payments made it more difficult for companies to hang on to employees?

EVANS: We haven't seen any clear data saying the CARES Act is preventing people from wanting to work. That is certainly the theory. It kind of makes sense because they can stay at home and not do anything and make as much money as if they were working 35 hours a week as a home health aide.

I think what Congress is trying to do is look at the legislation and give people an incentive to come back to work. Business owners who work with hourly employees are trying to understand what the impact is

64%

Turnover in home health stood at 64% in 2019, down from a record high of 82% in 2018.

and how they can get people to come back to work. I personally believe that it is a little bit of a harness on people flocking back into the workplace because, “Hey, I can pay my bills. I’m making more not working than I am working. Why would I go work if I don’t have to do anything?”



HEMOCARE: So a big issue in home health outside of the pandemic is turnover. It was around 64% in 2019–2020 may show some different numbers. How does building a strong human resources department help with retention as a whole?

EVANS: I was actually talking to a client a couple of weeks ago and he said, “Our goal is to be the employer of choice in our market.” I haven’t had a lot of people say that to me. But what he recognizes is he wants to be the preferred employer in this market, because if you’re the preferred employer, that’s going to take care of a lot of the challenges that exist. How do you become the employer of choice? If that’s your goal, it starts and ends with HR.

What are you doing as a business owner in your market? If you’re in a city, you’re not the only home health provider in your market. You’re competing for the same employee pool as the nine or 10 other operators, if not more. So if your goal is to be the employer of choice in your market, that is all about human resources. It’s about how you treat your employees, not just how you pay your employees and what benefits you offer.

HEMOCARE: What are some of the issues you see remaining in HR and the home health industry after the crisis ends?

EVANS: Short term—let’s say it’s a year—I think the employee pool is going to shrink because of the stress of the job. Ultimately that means the cost of labor is going to go up. Many providers have more clients than people to service them. So, I think that’s the short- to mid-term effect, for sure. **HC**

Listen to more of HomeCare’s interview with Evans on the HomeCare Podcast at homecaremag.com/podcast.

Kristin Easterling is managing editor of HomeCare magazine.

Better Continence Care at night for uninterrupted sleep



PREMIUM QUALITY

seni®



We are here to help. Together we can design a continence care program for your loyal customers.

- Educational materials to help choose the proper product
- Educational movies
- Free samples to try before buying



Product available with some major wholesalers. For assistance obtaining Seni please contact marketing@tzmousa.com or call 470-377-4942

www.seni-usa.com

Check 125 on index.

HR: ACCREDITATION & TRAINING

Don't Take Training for Granted

4 key training areas to keep up your organization's accreditation & important questions to ask

By Corinne Epton

Keeping employees equipped with up-to-date training is essential in an industry where new insights into a wide range of issues reshape how homecare organizations operate. In a homecare setting, it is vital that best practices are followed for the safety of health care workers and their patients.

This is particularly important for organizations voluntarily working with an accrediting body, such as the Joint Commission, Community Health Accreditation Partner and the Accreditation Commission for Health Care. By electing to seek voluntary accreditation, these organizations demonstrate an enhanced focus on highly trained staff members who meet regulatory requirements and show they have heightened, self-imposed standards for client care.

Baseline requirements represent a starting point when setting goals for training programs. State and federal regulations and accrediting body standards are essential benchmarks, but additional training can also provide an opportunity to help health care organizations separate themselves from others in their space. Safety and competence are essential, but organizations that move beyond regulatory requirements can provide employees with more tools to better serve patients and clients.

Here's a closer examination of four of the most important types of training for homecare organizations, as well as questions those organizations should ask when striving to surpass baseline compliance from their training curriculum.



Organizations that move beyond regulatory requirements can provide employees with more tools to better serve patients and clients.

1 Initial Aide Training

As one of the most important elements of staff training, initial aide training prepares new home health, hospice or personal care aides to competently perform the tasks their role requires. Training topics and required hours vary by state, but accrediting body surveyors will review personnel records to

ensure that initial aide training meets state and federal requirements for the services they provide.

During the past six months, social distancing and other protocols across many business sectors—and particularly in the health care industry—have brought homecare organizations new technologies

to continue to educate new aides. The reduction of in-person classroom training has created challenges; it has also highlighted some innovative ways of achieving effective training in a remote learning setting.

For example, some states now permit initial aide training to be completed in a hybrid format, where classroom training is provided remotely and hands-on training and any required competency assessments are completed in person. This type of program allows organizations to mitigate risk to employees before bringing them into the health care setting.

A question to consider as you evaluate your initial aide training plan:

- Is your homecare organization taking advantage of the flexibility your state may provide and of available technology when it comes to remote training courses?

2 Infection Control Training

Our evolving understanding of the epidemiology and treatment of the novel coronavirus highlights the need for up-to-date infection control training for not only front line workers but those charged with managing health care settings. From orientation to ongoing instruction and education, a consistent flow of information and training enhances the important work of homecare workers and the patients and clients they serve. Effective infection control training can ease employee anxiety about catching the coronavirus and enhance safety for everyone on all sides of the homecare equation, from managers to employees to clients.

Questions to consider as you evaluate your infection control training:

- Has your organization's infection control plan been updated to address pandemic considerations?
- Are you identifying high-risk staff to provide focused training?
- Are you training staff on standard precautions and appropriate personal protective equipment use?

3 Emergency Preparedness (EP) Training

The COVID-19 pandemic creates a heightened need to re-examine your organization's compliance with EP requirements.

Questions to consider when evaluating your EP training:

- Have your emergency plan and emergency preparedness communication plan been reviewed and updated within the last two years in accordance with state and federal requirements?
- Have all new and existing staff received training on your organization's EP policies and procedures and their individual responsibilities?
- Do your plans include pandemic considerations, such as ensuring that applicable staff is cross-trained so they can fill in should a colleague get sick?

4 Annual In-Service & Ongoing Training

Annual in-service training is another aspect of ongoing education driven by mandated training requirements. All certified organizations know that home health and hospice aides must receive at least 12 hours of annual in-service training (although some states require additional hours), with many organizations offering all staff annual education on patient/client rights and abuse prevention. However, there are opportunities to enhance this education with targeted instruction on quality improvement projects, patient/client population or provision of care deficiencies.

For example, if a patient has complained about an aide's patronizing language, is your organization providing additional training on cultural competency and person-centered communication? Are staff trained to meet the needs of patients/clients with Alzheimer's disease or related dementias? If staff burnout is becoming an issue, has your team received ongoing training on healthy coping skills and strategies for managing stress? Additionally, are your licensed staff members offered training to further

their professional development goals and approved continuing education to maintain their licensure?

Questions to consider when evaluating your annual in-service and ongoing training:

- How are your additional training programs being documented and tracked?
- Do staff complete training in a learning management system, where completed courses are tracked automatically, or is training provided in person and documented on paper? Most states permit annual in-service training to be provided online or remotely, which can maximize employees' time spent in training.
- Have your training records been checked to ensure all staff have met their year-to-date training assignments to satisfy accrediting body surveyors?

Putting It Together

Understanding possible deficiencies across your training programs creates awareness for managers—but also creates opportunity. While your training programs might be meeting the statutory requirements for accreditation, they may not be offering employees the most up-to-date and empowering training that will enhance their performance and their patients' well-being. Asking the right questions can help you calibrate your training programs so that they maintain employee competency and confidence in the homecare setting. **HC**

How do your organization's training and accreditation efforts

STACK UP?

Turn the page to see results from a new survey. >>>

Corinne Epton, MA, MHA, CHC, is senior regulatory officer at Relias, where she provides regulatory compliance and training guidance to Relias clients. Her background includes compliance management in the senior care and medical device industries. In tackling the countless regulatory and operational issues for these diverse organizations, she has developed a deep understanding of the business of health care and the regulations that govern the industry.

HR: TRAINING BY THE NUMBERS

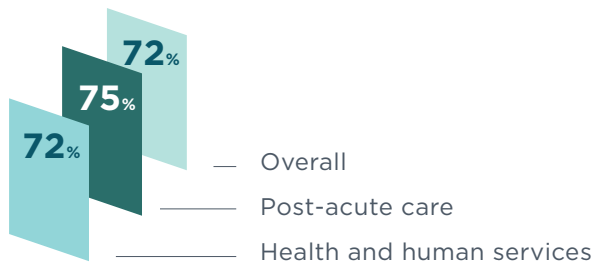
How Does Your Training Program Compare?

Findings from Relias's 2020 training survey

2020 has been a year of changes. But what hasn't changed is the need for staff training and development. Relias, an online training provider for post-acute health and public safety organizations, conducted surveys in February and June on the training habits and impacts of organizations. The February survey had over 5,000 qualified respondents. The June survey had 4,549 qualified respondents and provided information on how the COVID-19 pandemic has affected training investment. **HC**

MOST TRAINING FOR COMPLIANCE PURPOSES

75% of post-acute care organizations completed training solely for organizational improvement during the last 12 months.



77%

Health Care

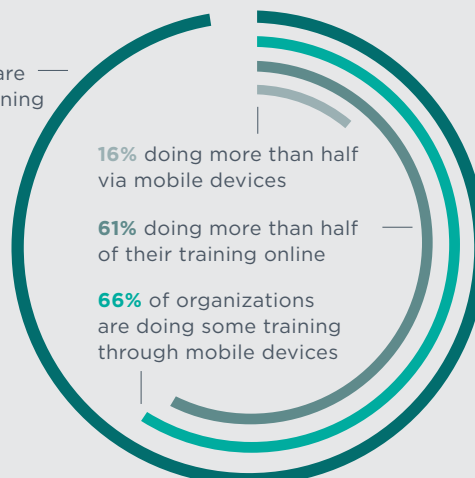
68%

Public Safety

TRAINING EXTREMELY IMPORTANT FOR LICENSING & CERTIFICATION REQUIREMENTS

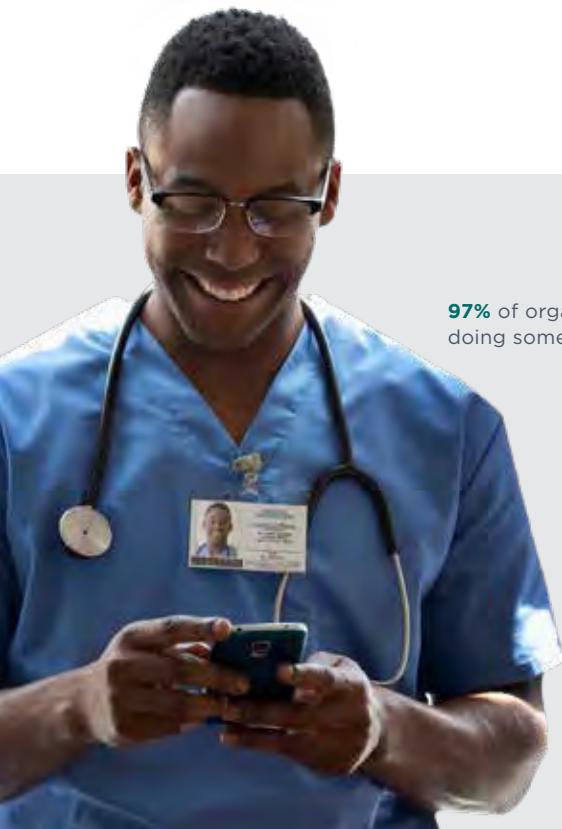
77% of health care respondents said staff training is extremely important for licensing and certification.

97% of organizations are doing some online training



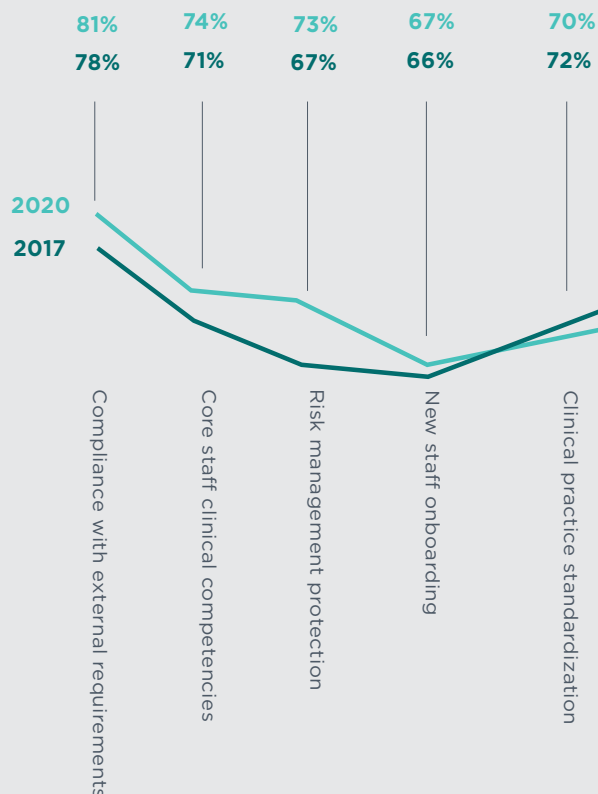
HEALTH CARE

97% of organizations are doing some online training, but only 16% have moved most training to mobile devices.



AREAS OF BUSINESS SHOWING IMPACT FROM STAFF DEVELOPMENT

81% of post-acute care respondents said training was important for compliance with external requirements.



STRENGTHS OF TRAINING & DEVELOPMENT

Health care respondents said relevant training content for their staff and development programs was a strength. Lack of time to train was the top weakness.

TOP MARKS IN HEALTH CARE

- + Relevant training content
- + Ease of access
- + Meets external requirements

TOP MARKS IN PUBLIC SAFETY

- + Well-organized
- + Ease of access/convenience
- + Good trainers

WEAK AREAS IN HEALTH CARE

- + Lack of time to train
- + Lack of follow-up

WEAK AREAS IN PUBLIC SAFETY

- + Not enough training
- + Lack of time to train
- + Poorly organized

TRAINING TOPICS PRIORITIZED DUE TO COVID-19

During the pandemic, 78% said pandemic planning and response drove their training programs. Other topics that were prioritized include infection control (98%) and employee wellness and self-care (64%).



92% Infection Control

78% Pandemic planning and/or response

64% Employee wellness and self-care

41% Telehealth

37% New skills for existing employees

25% Efficient onboarding

19% Soft skill training

2% None

1% Other

READINESS FOR ONLINE TRAINING

84% of health care respondents were prepared to deliver online training during the pandemic.

84% Health Care

77% Public Safety

HR: HIRING & TECHNOLOGY

The Right Tool for the Job

How new technologies can help improve recruitment & retention

By David Nelson

Caregiver turnover presents a constant frustration for caregiving agencies. While down from an all-time high two years ago, the caregiver turnover rate still hovers around 64%, according to Home Care Pulse. Resulting chaos in rescheduling, the cost of recruiting and onboarding and frustrated clients can impede an owner's plans to launch or expand a caregiving business.

Fortunately, software companies have taken note and are working to solve these problems in several parts of the employment life cycle. The goal is to find and identify the right caregivers in the beginning—and to help them stay on the job through smart assignments and skill development.

Tech in Recruiting

According to JobAlign's Megan Pulliam, the solution is about sourcing candidates based on the media they frequent and then communicating with them quickly and succinctly in their preferred format. Hint: It's not email! JobAlign's program uses algorithms to find the optimal advertising platform in a given geography and industry. While posting on Facebook may be the best option in an urban area, a position-specific platform such as mycnajobs.com may be the answer for more suburban regions.

"Job posts can be expensive and time-consuming, so owners want to know that they are optimizing their spending by

advertising in the media that potential caregivers are going to see," Pulliam said.

Once a candidate responds to an ad, the next hurdle is using the right mode of communication to keep a candidate interested. Let's face it: Email is too slow for the current generation. Texting is the key to engaging an applicant who is often applying for a number of jobs at a time. The employers who respond first will be best positioned to even interview the candidate. JobAlign includes a text messaging system with its service and encourages recruiters to respond within four hours.

"We know that recruiters of hourly workers are 75% more efficient when they respond to applicants within the first 24 hours. A text is the most likely way to get the attention of a recruit," Pulliam said.

Identifying the Right Caregiver

New technologies are also addressing another recruiting challenge: finding true caregivers who have an affinity for the job and matching them with clients. Some—such as SENTIO and Plum—offer an array of personality and cognitive assessments for candidates.

MiliMatch, the software startup in Austin, Texas, that I work for, has taken a different approach. We have a patented set of algorithms that process application responses to produce measures of the soft skills critical to caregiving. For caregiving, those skills include social intelligence, relationship-building, adaptability,



75%

Recruiters of hourly workers are 75% more efficient when they respond to job applicants within the first 24 hours after receiving their materials.

motivation, self-control and compassion—all things that are typically discovered through months on the job. By identifying applicants endowed with caregiving skills, the software can help eliminate those candidates who have no propensity for caregiving so recruiters can focus on those who do.

“Caregiving is one of the most intimate jobs in the world, and we know that very few people truly have the capability to last in a caregiving role,” said Eric Becker, MiliMatch’s chief executive. “We are helping owners find a new way of sizing up candidates who may have no experience in caregiving, but who were truly born to serve others.”

In addition, the MiliMatch algorithms are also used to assess the caregiving needs of individual clients, so that agencies can evaluate the potential assignments of caregivers to clients. After all, the relationships between caregivers and clients make a big difference on whether someone will stay in a role. As a result, MiliMatch clients typically see an improvement of 30% in their caregiver retention.

Technology in Training Helps Retention

Inadequate training ranks as another top reason employees leave an organization. Most people have an innate sense of their level of competence in a particular job and know when they are performing well—or aren’t. Knowing how to perform high-quality work is a primary factor of staying in a job. Training technology is key.

Unfortunately, this is where too many companies fall short. While a lot of caregiving businesses thoroughly document and publish their processes, that effort alone is not enough for new employees to own the work. Rather, to be effective, training needs to flex to individuals’ learning styles.

HealthTrainUTM

FREE Trial*
Call (833) 875-6338

Now offering courses for home health providers.

*Free trial available for new customers only.

HealthTrainU.com

Check 126 on index.

KayserBetten
Beds for special Needs

Our Exclusive Features Set Us Apart

- ♦ Solid Beech Wood Construction Sealed for Repeat Cleaning
- ♦ Vertically Hinged Doors for Easy Access
- ♦ Access for Medical Machines
- ♦ Full View and Ventilation
- ♦ Lowest Available Thresholds

Registered with FDA

Available in Manual, Semi-Electric and Full Electric

A complete line of beds for Special Needs



Tall Rail Beds in different rail heights



Homecare Beds compatible with patient lifts

1-800-574-7880 www.KayserBettenUS.com

Check 129 on index.

DMEs that offer Tranquility® incontinence samples
Grow Sales 2X FASTER*



Get started today!
1-800-467-3224

TRANQUILITY
 PREMIUM PROTECTION



Mention Code: **HOME20**

*Compared to DMEs that don't offer samples
 © Tranquility and Select are registered trademarks of Principle Business Enterprises, Inc. | © Copyright 2020 | 3TRQ-449-AD20



Support Surfaces
Low Air Loss Mattress



Domus Series

Serene Series

Pro-care Series

Visit APEX Medical at **medtrade** Booth : 1745

www.apexmedicalcorp.com



sales.usa@apexmedicalcorp.com
 Tel : +1 714 671 3818

APEX
 Care for a Healthy Life

The relationships between caregivers and clients make a big difference on whether someone will stay in a role.

Domain-U, a company deploying cognitive learning techniques in training, offers a solution to this challenge. As a content developer and technology platform manager, the company offers highly effective virtual training that adjusts to the learner's capacity to absorb information. Learners are constantly measured for attentiveness, comprehension and mastery. As a result, Domain-U can gauge progress by timing responses or intervening with a trainer when necessary to get the employee back on track. To immerse the learner into the content, Domain-U creates a highly simulated environment such as that of a home.

The result is the rapid development of intuition in the caregivers. Through the simulative learning of Domain-U, the caregivers can walk into a home having already experienced a number of scenarios that would normally give new caregivers pause. They can build the entire training curriculum for an organization and roll it out in a consistent, repeatable means with a professional feel. With modern technology, they can roll out the training in a matter of three weeks.

"A number of caregivers walk into client's homes without any real experience, so meaningful, engaging training is an absolute must," said John Hartigan, CEO of Domain-U. "At the same time, it's incredibly difficult for a caregiving agency to provide consistency across all employees, given demands of scheduling and availability. The key to this is meaningful content combined with the employee's full focus. The trend is moving away from focusing on volume of training material and to offering the personalized training experience. New training platforms like ours offer training that is highly focused on specific skill sets that a caregiver needs to master in order to perform their job well."

Conclusion

As the caregiving industry continues to grow and competition increases, using the right technologies could present a sizable advantage to savvy homecare agencies, who compete with all others in an area for the top candidates. And while technologies will never replace human caregivers, they can help make the job easier. **HC**

David Nelson is the chief operating officer of MiliMatch, a company focused on recruiting and client matching solutions for the in-home caregiving industry. A long-time technologist with experience in both the software and hardware industries, he seeks to use technology to improve people's interactions and relationships.

CREDENTIALING

Serving Seniors With Pride

How inclusivity training leads to safer care

By Kristin Easterling

Compassionate care is the hallmark of home health. But for some seniors, health care in general—including care at home—has been fraught with obstacles and discrimination. This is especially true for members of the LGBT community as they age.

Empath Health, a Florida-based nonprofit integrated network of care that includes home health and hospice, set out to change that experience for seniors. The company pursued the platinum credential from SAGE, an advocacy group dedicated to improving the lives of LGBT elders.

Empath President and CEO Rafael J. Sciuillo said that the company cares for 4,000 people a day across its service area, including members of the LGBT community. The company created Empath Partners in Care (EPIC) following a merger with the AIDS Service of Pinellas and Francis House; it focuses on the testing and management of HIV and also serves aging members of the LGBT community.

“We needed to understand their needs based on their identities and the challenges they are experiencing in health and be sensitive to some of the experiences they have had based on the intolerance of others,” he said. “It was important to be as educated as possible.”

Training for Inclusion

For a health care provider to pursue any credential beyond what federal and state governments require is a move towards quality, value-based care. Committing to serving a particular segment of society takes that commitment a step further. SAGE created the credential to recognize and encourage providers willing to take steps toward cultural competency and increased

care for the target population.

“We recognized that providers who are committing the time and energy to complete staff training want and deserve a public symbol that communicates their commitment to staff training and creating more LGBT-inclusive services,” said Tim R. Johnston, senior director of national projects for SAGE. “The credential is a way for providers to send a positive message to

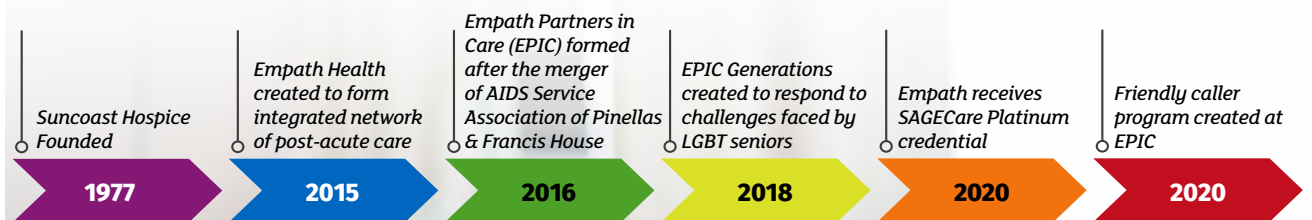
potential clients. It is a tool that LGBT older adults and caregivers can use to assess which providers will be open and excited about working with LGBT communities.”

SAGECare, the credentialing arm of the organization, exists to create inclusive LGBTQ health care. The program has now trained more than 87,000 industry workers in 48 states, offering four levels of certification: bronze, silver, gold and platinum. To achieve



To achieve the platinum credential from SAGECare, at least 80% of a company's senior leadership must participate in a half-day training session.

A TIMELINE OF CARE



the platinum credential, at least 80% of a company's senior leadership must participate in a half-day training session, and at least 80% of other staff must complete an hour of LGBT aging cultural competency training. Johnston noted that some providers work their way up through the levels of training in order to refine their best practices.

Empath did not take that path, choosing to shoot straight for the top.

"We made a decision when we went through this to go for the highest level," said Stacy Orloff, vice president of innovation and community health for Empath Health. "That meant having most of our employees and leadership team go through the training. That was our commitment early on—if we were going to do this, we would be all in."

SAGECare provides a marketing toolkit for agencies wishing to share the credential with the world.

"We can work with each organization to determine its outreach goals and help achieve them," Johnston said. "Word of mouth is still one of the most potent ways to reach LGBT people, so public commitments

to inclusion are crucial to establishing your organization's reputation as a welcoming space."

All Are Welcome

For Empath, inclusivity goes beyond the patients the company cares for. The company ensures that employees feel safe, as well. Individuals can select their preferred pronouns on their business cards, and employees in the process of transitioning gender are provided with health insurance coverage to do so.

Empath also implemented signage at their locations that reflects the idea that all are welcome. In the EPIC offices, the company carries LGBT periodicals and educational materials. The agency, an integrated network of post-acute care that includes a PACE program, home health and palliative care, began as Suncoast Hospice 43 years ago and now serves clients in three Central Florida counties.

In June of 2020, with the COVID-19 pandemic cancelling Pride celebrations and parades, the company opted to join the city of Clearwater in lighting up its campus in the

rainbow colors of the pride flag.

"Our language reflects inclusivity, our pictures reflect inclusivity" said Orloff. "I think we all gained more knowledge of the power of words and the impact generationally. A word that may have been offensive for the LGBT community in the '60s or '70s is now a very popular word with the younger members. We are constantly open to how we best communicate and reflect our deeply held values [to the community]."

Combating Bias

While many baby boomers and older seniors are open to and accepting of members of marginalized communities, others are less so. Working with any person that is sick and in need of care can come with its dangers. Home health workers, who are often female and members of minority communities, often face harassment on the job in the form of racist or sexual comments. Patients may face bias from caregivers or other patients for many different reasons, including sexual orientation.

For Empath, working against bias is important to the mission of inclusivity.

When team members encounter discrimination from anyone, they work to bring the person back to the organization's mission.

"Our way of approaching that is to always go back to our values," said Sciuillo. "One of our values is inclusion. That's who we are and who we want to be. So reminding anyone that if we hear something like that, observe something like that, we call them back to our values. We remind them of that and remind them that there is no place for intolerance or demeaning statements."

Johnston added that it's important to keep an open mind and focus on inclusivity.

"You may put all of our recommendations into place and find that nobody comes out of the closet, and that is OK! You need to trust that even if people do not feel comfortable disclosing their identity, they notice these changes and probably feel more comfortable because they see your organization's commitment to working with LGBT people," he said.

Care Across the Ages

Empath serves patients of all ages, including pediatric hospice and palliative care patients. The EPIC program has launched a program called EPIC Generations focusing on LGBT seniors. EPIC Generations has launched something it's calling the "Friendly Caller Program," which matches community members with trained volunteers to provide social connection and outreach.

"With everything going on, it's a way to connect people together and decrease social isolation. It will allow us to increase opportunities to provide care and services to people who may not know where to go for care," said Orloff.

A planned outgrowth of the Friendly Caller Program will connect LGBT youth with community members for mentorship opportunities. Orloff said the goal is to connect with teens who may be struggling to find acceptance from their families and others.

"We know the rates of suicide and other destructive behaviors in that age group. We want to show them that it will get better, [for an adult to say] 'It's OK, I made it, I can help you.'" Orloff said. She noted that the program may look different than originally intended due to the pandemic and stay-at-home orders, but Empath plans to roll out the new initiative when the Friendly Caller Program is up and running.

What Next?

Credentialing and training are fundamental to an agency's health and service to the community. Opportunities for additional training can help with caregiver retention, since a caregiver will benefit from increased knowledge about the population they serve. The SAGECare credential has an annual renewal period, according to its website. Home health and hospice providers seeking the training can sign up online; in-person training is also available through a network of SAGECare certified trainers. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

5-Year Warranty!

MAC's Vertical Home Lift PL-50, PL-72 & PL-90



MACSHOMELIFT.COM (800) 795-6227

Check 130 on index.

Extra Long, Extra Strong!



Elongated Seat Commode

- 400 lb. capacity, welded construction
- Removable back, pail and splash guard
- Elongated seat—19" front to back
- TuffCoat™ finished in Dove Gray
- Individually packed
- Easy push-button assembly
- Adjustable height
- Toilet paper holder
- Easy to clean

800-526-0178

www.tfihealthcare.com



Check 132 on index.

WOUND CARE

How Telemedicine Is Helping Prevent COVID-19 Exposure

Treating wounds virtually helps manage risks for patients & clinicians

By Japa Volchok

In the midst of the novel coronavirus pandemic, statistics are demonstrating that telemedicine services offer the potential to improve access to quality care while reducing strain on patients, family caregivers, nurses and physicians. A 2019 study from the American Telemedicine Association demonstrated that the quality of health care services delivered via telemedicine are as good as those given in traditional in-person consultations. For health care systems, home telehealth options can help address the challenge of rising costs while also preventing the spread of disease from person to person. With the added strain of having to make adjustments to cope with the COVID-19 pandemic, telemedicine is being implemented more widely as policymakers, including as the Centers for Medicare & Medicaid Services (CMS), have increased access by waiving restrictions. Providers are focusing on improving telehealth strategies to meet the needs of patients and home health partners.

Between 2013 and 2017, 82% of all nursing facilities across the U.S. suffered from some level of infection control deficiency, according to a 2020 report released by the U.S. Government Accountability Office, with nearly half of those cited for “persistent problems” in controlling infection at the facility for multiple consecutive years. The COVID-19 pandemic has illuminated the need for telemedicine and the positive impact it has on eliminating an avenue of exposure to



Never have the stakes been so high and never has it been more imperative to find ways to deliver care to those who need it, when they need it.

patients of all ages and seniors, in particular. Virtual consultations offer flexibility to health care providers, allowing them to see patients who are safely at home, protecting both staff and patients from exposure. Never have the stakes been so high and never has it been more imperative to find ways to deliver care to those who need it, when they

need it, all while protecting clinicians and their communities.

Telehealth provides the ability to practice social distancing by treating both noninfectious and infectious patients virtually in their homes. Not only does the use of telemedicine prevent ill people from infecting other patients at clinics, hospitals

and doctors' offices, it also helps keep medical professionals safe while preserving the extremely in-demand personal protective equipment (PPE) that shields practitioners from the direct transfer of bacteria and viruses that spread diseases. Telehealth is showing seniors alternative ways to safely access physician care and giving them enhanced access to specialty care.

Telehealth is showing today's seniors how they can live out their golden years healthy and equipped with the proper medical tools. At Vohra Wound Physicians, we are working with scientists at the University of Miami to expand specialized telehealth services for wound care patients. The need in the market led to the development of a telehealth wound care service for patients who are managing their wounds at home. Since mid-March, Vohra's telemedicine encounters for patients in skilled nursing and assisted living facilities have increased by more than 8,000%, demonstrating the strong demand for real-time video consultations. Through Vohra@Home, patients can now readily access physician consultations to diagnose and provide treatment recommendations for all types of wounds, including, but not limited to, commonly occurring pressure ulcers, diabetic foot wounds and venous ulcers.

It is expected that as demand for telemedicine continues to increase, companies will continue to implement innovative ways to serve patients and prevent the spread of COVID-19, especially to vulnerable senior populations. The coronavirus pandemic has all but forced people to use telehealth when before, only 9% had ever tried online care, according a J.D. Power satisfaction survey. According to a new survey from Sykes, 72% of people say they would use telemedicine to be screened for coronavirus, and two-thirds of respondents say COVID-19 has increased their willingness to try telehealth in the future. However, people over 55 expressed concern about the validity of telemedicine and whether it can work for more than minor ailments. Ultimately, further education will be required for people to understand the benefits and value of telehealth moving forward.

Clinicians can screen patients, answer questions and make recommendations without any exposure to a hospital or a clinic. Geographical location, lack of transportation and mobility issues are no longer a barrier to a visit with a physician or home health clinician, thanks to telemedicine. Immediate access to specialists improves care and helps ensure better outcomes and prevents hospitalizations. It also provides peace of mind and safety for both patients and their loved ones knowing that help is just a video call away. **HC**

Dr. Japa Volchok, DO, is the vice president of operations at Vohra Wound Physicians. Volchok, a general and vascular Surgeon, joined Vohra in 2009 as a wound care physician and later became a core member of Vohra's executive team. Today, Volchok is primarily responsible for Vohra's patient experience and engagement, overseeing legal and regulatory affairs, and managing the Vohra Wound Care Certification program.



GET MORE FROM ACCREDITATION
Transition to ACHC

Contact us to learn more!

achc.org (855) 937-2242 x458
customerservice@achc.org

ISO 9001:2015 CERTIFIED. CMS APPROVED.
ACCREDITATION COMMISSION *for* HEALTH CARE

Check 127 on index.



WE MAKE IT LAST

The Armada System assembles easily with one 1/2" wrench and the fully anodized finish will last a lifetime.

ARMADA
by AlumiRamp

1.800.800.3864 • www.alumiramp.com
Proudly made in the U.S.A. since 1985.

Check 128 on index.

PERS/HOME MONITORING

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 covering personal emergency response systems and home monitoring. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

PERS/HOME MONITORING

Alert Sentry
Lakeville, MA
(877) 253-7899
alertsentry.com

Connect America
Broomall, PA
(800) 893-7000
connectamerica.com

Freeus
Farr West, UT
(888) 924-1026
freeus.com

GrandCare System
West Bend, WI
(262) 338-6147
grandcare.com

GreatCall
San Diego, CA
(800) 576-1779
healthcare.greatcall.com

Independa, Inc.
San Diego, CA
(800) 815-7829
independa.com

LifeStation
Union, NJ
(800) 446-3300
lifestation.com

LogicMark
Louisville, KY
(800) 519-2419
logicmark.com

Medical Guardian
Mid City West, PA
(800) 668-9200
medicalguardian.com

Clear Arch Health
Boca Raton, FL
(800) 931-7852
cleararchhealth.com

Philips Lifeline
Framingham, MA
(855) 681-5351
lifeline.philips.com

ResponseNow Medical Alert Systems
Portland, OR
(866) 795-4321
responsenow.com

Silent Call Communications
Waterford, MI
(800) 572-5227
silentcall.com

Simpl Technology
Palm Beach, FL
(833) 237-4675
smpltec.com

Smart Caregiver Corporation
Petaluma, CA
(800) 650-3637
smartcaregiver.com

Snapfon - The Cell Phone For Seniors
Chattanooga, TN
(423) 535-9968
snapfon.com



THE 2020 BUYER'S GUIDE

FIND YOUR SUPPLY

Products & Services Expand to Meet
Evolving Needs

*Published in the December 2019 issue
and always available online.*

[HOMEAREMAG.COM/BUYERS-GUIDE](http://homecaremag.com/buyers-guide)

HomeCare

NEW ON THE MARKET

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



2



3



4



1

1 SleepWeaver Prevent

CIRCADIANCE

The SleepWeaver Prevent, which uses an integrated KN95 mask to filter exhaled air, provides an additional level of isolation for CPAP and non-invasive ventilator patients with known or suspected respiratory infections. Circadiance is offering this new combination CPAP and filter mask to address risks to health care personnel and visitors from PAP therapy in the clinical space during the COVID-19 public health emergency.

Visit circadiance.com.

Check 200 on index.

2 Sit to Stand Residential Lift

DRIVE DEVILBISS HEALTHCARE

Capable of supporting up to 450 pounds, the Sit to Stand Lift with manual or power base is designed to provide safe patient handling and transfer for both the patient and caregiver. The lift features an adjustable knee pad and removable foot plate. Dual controls allow the lift to be used if the hand pendant becomes inoperable, and the object obstruction sensor stops the lift if it detects that the patient or caregiver is in the way. Optional accessories include stand-up sling (L/XL), sit-to-stand sling (M/L) and a sit-to-stand sling strap. Visit drivemedical.com.

Check 201 on index.

3 Waterproof Bandage

DRYSEE

DrySee's waterproof bandages provide a secure, waterproof covering for low exudate wounds. If water or other liquids make their way into the bandage, the gauze barrier around the perimeter of the bandage will turn from light blue to dark blue. The color change alerts the user to change the bandage, knowing that the perimeter seal is broken. If liquid passes through the second adhesive ring and reaches the wound site, or if the wound seeps fluid, the internal gauze pad will turn dark blue, signalling that a bandage change is necessary. Visit drysee.com.

Check 202 on index.

4 John Bunn JB02020 Pulse Oximeter

GF HEALTH PRODUCTS

The John Bunn JB02020 Pulse Oximeter provides simple, fast, accurate oxygen saturation (SpO2) and pulse rate measurements. Its lightweight, compact design makes it an ideal solution for home, clinical and emergency medical services settings. Features a large easy-to-read LED digital display, SpO2 and pulse rate alarms, simple one-button operation and an automatic power-off function that conserves batteries. Accommodates finger sizes from pediatric to adult. Visit grahamfield.com.

Check 203 on index.

POWER CHAIRS

*HCPCS codes subject to change

1 Apollo 2

FREERIDER

The FreeRider Apollo 2, coded HCPCS K0827, has been upgraded to a front wheel drive (FWD) power chair in the 2020 model. Agility meets stability with a 470-pound weight capacity, 10-inch solid tires and padded armrest set. FWD helps users get a closer, smoother ride while handling tight corners. The swivel seat is unique in the very-heavy-duty power chair class, allowing users to get closer to the table, closet and friends without additional maneuvering. Available powertrain. Visit freeriderusa.com.

Check 204 on index.

2 EZ-GO

MERITS HEALTH PRODUCTS

The EZ-GO power wheelchair has a new design for 2020. The standard version of the EZ-GO is coded as a K0813/K0814 and easily disassembles into three compact pieces for transport. The EZ-GO has a medium high-back seat similar to those found on full-sized units. Also comes in a deluxe version that is a retail-only unit and comes in a pink, turquoise or white shroud option and offers a larger battery for extended range. Visit meritsusa.com.

Check 205 on index.

3 Jazzy Select

PRIDE MOBILITY PRODUCTS

Experience the simplicity and maneuverability of the Jazzy Select. Equipped with Active-Trac Suspension and dual motors, this power chair ensures a smooth, comfortable ride over uneven terrain. Mid-wheel drive offers a tight turning radius of 22.5 inches, making the Jazzy Select a perfect choice for indoors and out. Other features include an easy-to-operate controller, a high-back seat, easy side access to batteries, height- and depth-adjustable foot platform offering two height positions and one depth position, a flip-up foot platform for greater comfort, easy-access freewheel levers, and a color-through shroud that reduces visual scrapes and chips. Visit pridemobility.com.

Check 206 on index.

4 Edge 3 Stretto

QUANTUM REHAB

The Edge 3 Stretto from Quantum Rehab features a narrow and maneuverable power base. The Edge 3 Stretto features a 20.75-inch overall width with 12.5-inch drive wheels. Other chairs are at least 2.5 inches wider. In addition to its narrow width, the Edge 3 Stretto is equipped with independent Smooth Ride Suspension, which offers increased shock absorption due to the angle of the shocks. Optional iLevel Power Adjustable Seat Height provides up to 12 inches of seat elevation while operating the chair at speeds up to 3.5 miles per hour. Other standard features include LED fender lights and a USB charger. Visit quantumrehab.com.

Check 207 on index.





5 QUICKIE Q500 H

SUNRISE MEDICAL

The new QUICKIE Q500 H power wheelchair brings a unique hybrid blend of rear- and mid-wheel technology. With the drive wheel closer to the mid position, the Q500 H has improved traction and a smaller turning radius compared to a traditional rear-wheel drive, and improved outdoor driving over a mid-wheel drive. The unique and responsive suspension system, coupled with the drive wheel placement, allows the Q500 H to be one of the most maneuverable rear-wheel drive power wheelchairs in the market today. Available with the adjustable SEDEO PRO seating system in Group 3 standard and HD, and Group 4 standard duty. Visit sunrisemedical.com.

Check 208 on index.



6 LiteRider Envy

GOLDEN TECHNOLOGIES

The Envy power wheelchair is both stylish and durable with a tubular design that is unique to the Golden LiteRider family. A dynamic LiNX controller comes standard and the traditional style makes driving simple and reliable. The optional high-back premium seat offers contoured support for a longer seating tolerance and added comfort. The Envy features an operating range of up to 15.5 miles and a turning radius of 28.5 inches. It comes in six vibrant colors and disassembles quickly and easily. Visit goldentech.com.

Check 209 on index.



7 ROVI A3 Power Wheelchair

MOTION CONCEPTS

Available exclusively on the ROVI A3 Power Wheelchair base through Motion Concepts, the MPS Maxx Modular Power Standing System combines the ability for users to stand with a full range of power positioning options in a package that provides a unique combination of independence, function and accessibility. Visit motionconcepts.com.

Check 210 on index.

EXERCISE & REHAB

1 Spark Kinetic Sleeves

BROWNMED

Spark Kinetic Sleeves utilize patent-pending technology to bring together the benefits of kinesiology tape and compression in easy-to-use, comfortable sleeves designed to add support and enhance performance. The sleeves are intuitive to put on and won't leave sticky residue when removed. Available for knee, ankle, elbow and calf, all Spark Kinetic Sleeves leverage the principles of kinesiology to deliver enhanced support and high-performance compression in moisture-wicking, breathable sleeves. Visit brownmed.com.

Check 211 on index.

2 Folding Exercise Peddler with Electronic Display

DRIVE DEVILBISS HEALTHCARE

This attractive folding exerciser is ideal for leg and arm muscle toning, and has a tension knob that easily adjusts resistance. The five-function display indicates mode, exercise time, revolution count, revolutions per minute and calories burned. Anti-slip rubber pads prevent sliding and protect surfaces. Fully assembled and retail packaged. Visit drivemedical.com.

Check 212 on index.

3 P POD Alternative Positioning Support

INSPIRED BY DRIVE

Through its vibrant colors and bean-bag-like design, the P Pod offers a warm, fun and engaging look with a specially molded foam liner that provides outstanding positional support and comfort. Ideal for use in home, school and clinical environments. Available in multiple colors and sizes, including a model made of a new wipe-clean Dartex fabric. Visit inspiredbydrive.com.

Check 213 on index.

4 InTENSity 12

TENSpros

The InTENSity 12 is one of the easiest-to-use portable TENS units on the market, offering patients multiple preset treatment options and stimulation programs in a user-friendly, ergonomic design. With twelve preset body-part-specific settings as well as an option to create custom parameters, the InTENSity 12 guides the patient step-by-step to create therapeutic treatments. This customizable TENS machine has modes to relieve recurring and chronic pains. Patients will like the convenience of the powerful rechargeable lithium ion battery. One-year warranty. Visit tenspros.com.

Check 214 on index.



REMOTE PATIENT MONITORING



1 MobileVitals Touch

CLEAR ARCH HEALTH

MobileVitals Touch combines remote patient monitoring and a personal emergency response system in a single, easy-to-use touchscreen system to keep users connected to patients through vitals monitoring, virtual video visits, health management tools, education, photo sharing and more. Programs to support COVID-19 patient populations and social determinants of health available. The company offers scalable, easy-to-adopt turnkey solutions to build a custom program without the custom price. Consultative support and logistics management help streamline a program launch. Clear Arch serves physician practices, medical groups, hospitals and health systems, payers, homecare and assisted living facilities. Visit cleararchhealth.com.

Check 215 on index.

2 Remote Health Care Delivery

CURRENT HEALTH

Current Health is a remote health care delivery platform focused on accelerating hospital discharges, minimizing home visits, reducing readmissions and improving satisfaction and experience. Driven by evidence-based clinical programs, Current Health continuously monitors patient signs in the home with a discreet wireless sensor. By combining this with wireless connectivity to other devices and a sophisticated analytics system, Current Health enables earlier identification of the at-risk patient in the home. Through integrated video visits and 24/7 RN monitoring service, interventions can be simply and easily delivered into the home.

Visit currenthealth.com.

Check 216 on index.

3 RPM Platform

SYNZI

With Synzi's remote patient monitoring feature, post-acute care organizations can leverage patients' everyday devices while easily and securely obtaining data on key measures. Synzi's complete HIPAA-compliant telehealth and virtual care platform helps organizations monitor at-risk patients, improve understanding of patients' conditions, increase engagement and adherence, and reduce emergency room visits and rehospitalizations. Providers can safely deliver valuable care while minimizing the risk of infection and transmission by using Synzi to better monitor and manage patients. Visit synzi.com.

Check 217 on index.

4 LifeStream

RESIDEO LIFE CARE SOLUTIONS

The LifeStream platform influences patient outcomes and helps reduce health care costs. Clinicians can focus their care efforts with access to dashboards and alerts from any location. Users can assign questionnaires for patient comprehension, making it easy to evaluate and prioritize patients. It is also easy to connect with patients and family members by initiating video visits from LifeStream. The LifeStream solution includes the Genesis Touch tablet, allowing patients to be monitored in their own homes. Genesis Touch helps patients communicate with caregivers and learn more about their diseases, health conditions and related treatments.

Visit lifecaresolutions.resideo.com.

Check 218 on index.



3



4



GET FREE INFORMATION

HomeCare.

READER SERVICE

Check the box(es) below to receive free information from companies listed in this issue.

ONLINE

For fastest service,
visit hcfreeinfo.com
(U.S. only)

FAX

Complete, tear out and
fax to (630) 739-9700

MAIL

Complete, tear out, place in an
envelope and mail to:
Creative Data, 440 Quadrangle Drive,
Suite E, Bolingbrook, IL 60440-3000

Expires
90 days
from
10/20

ADVERTISERS

Advertiser Name RS# Page

AAHomecare		39
ACHC	<input type="checkbox"/> 127	63
AlumiRamp	<input type="checkbox"/> 128	63
American Access	<input type="checkbox"/> 103	BC
Apex Medical	<input type="checkbox"/> 114	58
Assured Comfort	<input type="checkbox"/> 117	15
Brightree	<input type="checkbox"/> 105	11
Brownmed	<input type="checkbox"/> 106	29
CAIRE	<input type="checkbox"/> 107	5
CareCredit	<input type="checkbox"/> 108	3
DMETRAIN	<input type="checkbox"/> 109	IFC
Dynatomy	<input type="checkbox"/> 136	71
EZ-ACCESS	<input type="checkbox"/> 110	1
Fisher & Paykel Healthcare	<input type="checkbox"/> 111	13

Hamilton Relay	<input type="checkbox"/> 112	33
HealthTrainU	<input type="checkbox"/> 126	57
KayserBetten	<input type="checkbox"/> 129	57
LeadingAge		41
Mac's Lift Gate Inc	<input type="checkbox"/> 130	61
Masimo	<input type="checkbox"/> 115	IBC
Medtrade		31
MES	<input type="checkbox"/> 121	45
National Association for Home Care & Hospice		43
New Gear Medical	<input type="checkbox"/> 137	71
Parks Health Products	<input type="checkbox"/> 122	35
Philadelphia Insurance Companies	<input type="checkbox"/> 102	7
Proactive Medical Products	<input type="checkbox"/> 101	36,37
Rampit USA	<input type="checkbox"/> 116	9

Seni	<input type="checkbox"/> 125	51
Shipp Cleaning Systems	<input type="checkbox"/> 134	71
Stander, Inc.	<input type="checkbox"/> 123	19
Sunset Healthcare Solutions	<input type="checkbox"/> 124	49
TeamDME!	<input type="checkbox"/> 118	17
TFI Healthcare	<input type="checkbox"/> 132	61
The Compliance Team	<input type="checkbox"/> 119	21
The Hubscrub Company	<input type="checkbox"/> 133	71
TIMS Medical Software	<input type="checkbox"/> 120	47
Tyton	<input type="checkbox"/> 104	27
Tranquility	<input type="checkbox"/> 131	58
UltraGel Relieve	<input type="checkbox"/> 135	71

*This ad index is furnished as a courtesy, and no responsibility is assumed for incorrect information.

PRODUCTS

Company Name RS# Page

Brownmed	<input type="checkbox"/> 211	68
Circadiance	<input type="checkbox"/> 200	65
Clear Arch Health	<input type="checkbox"/> 215	69
Current Health	<input type="checkbox"/> 216	69
Drive Devilbiss Healthcare	<input type="checkbox"/> 201	65
Drive Devilbiss Healthcare	<input type="checkbox"/> 212	68

Drysee	<input type="checkbox"/> 202	65
FreeRider	<input type="checkbox"/> 204	66
GF Health Products	<input type="checkbox"/> 203	65
Golden Technologies	<input type="checkbox"/> 209	67
Inspired by Drive	<input type="checkbox"/> 213	68
Merits Health Products	<input type="checkbox"/> 205	66
Motion Concepts	<input type="checkbox"/> 210	67

Pride Mobility Products	<input type="checkbox"/> 206	66
Quantum Rehab	<input type="checkbox"/> 207	66
Resideo Life Care Solutions	<input type="checkbox"/> 218	69
Sunrise Medical	<input type="checkbox"/> 208	67
Synzi	<input type="checkbox"/> 217	69
TENSpro	<input type="checkbox"/> 214	68

REQUIRED for both SUBSCRIPTIONS and READER SERVICE

Name	Address
Title	City/State/Country/Zip/Post
Company	*Phone
	*Email

RS2010

FREE SUBSCRIPTION

☐ YES! I wish to receive a FREE subscription to HomeCare.

☐ No, cancel my FREE subscription.

*Signature

Date

Required for Subscription

YOU MUST SIGN AND ANSWER ALL QUESTIONS TO QUALIFY FOR A FREE SUBSCRIPTION

Qualified subscriptions begin at the publisher's discretion. Incomplete forms cannot be processed or acknowledged. We will use your email address to send your annual renewal notice and other related products and services.

☐ Check here to opt out of email messages from our marketing partners.

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

- ☐ 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
- ☐ 21 Manager, Supervisor, Controller, Accountant, 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) _____

ONLINE

For fastest service,
complete this form online
homecaremag.com/subscribe

MAIL

Complete, tear out, place in an envelope and mail to:
HomeCare Magazine,
PO Box 530067, Birmingham, AL 35253-0067

FAX

Complete, tear out and
fax to (205) 314-8272

MARKETPLACE

Ohhhh... So Soft

ULTRAGEL RELIEVE Toilet Seat Cushion

The new ULTRAGEL RELIEVE™ Universal Toilet Commode Gel Seat Cushion provides body conforming comfort for skin pressure relief.



- Easy seat attachment and reattachment
- Secure/stable attachment
- Long term durability. Abuse resistance.
- No leakage if punctured
- Waterproof, spill proof with easy clean-ability
- Resistant to common disinfecting solutions

MADE WELL IN THE USA

www.onlygel.com
877-977-8986



Check 135 on index.

Dynatomy™
by GLODORO



THE IDEAL WAY TO SHIELD YOUR STAFF AND YOUR CUSTOMERS

The Dynatomy Face Shield is FDA registered and made in the USA to a higher level of safety and engineering standards.

Learn more at: dynatomyproducts.com

sales@dynatomyproducts.com • 631.439.3278

Check 136 on index.

ANTIMICROBIAL MEDICAL BAGS



Customized Bag and Logo Options Available

- Shoulder Bags
- Laptop Bags
- Backpacks
- Rolling Bags
- Supply Organizers
- Organizer Belt Bags
- Attache' - Doctor Bags

NEW GEAR MEDICAL

570-409-8442

newgearmedical.com

Check 137 on index.

MOBILE CONNECTIONS ON THE GO

facebook.com/homecaremag

• twitter.com/HomeCareMag

linkedin.com/groups/4096925

HomeCare®

The Leading Business Magazine for HME and Home Health Professionals



THIS IS HUBSCRUB

The Medical Equipment Clean & Disinfect Solution

Wash/Rinse/Disinfect in 6 minutes!



- Eliminates C-DIFF
- UV Disinfection
- All types of DME
- Internet Connect
- Service-Business Opportunity
- 20 Years in Business

Watch It Work!

www.hubscrub.com

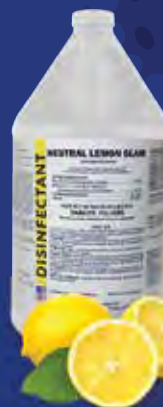
877-482-7273

THE HUBSCRUB™ COMPANY

Check 133 on index.

LEMON SCENT DISINFECTANT concentrate

1 GALLON MAKES 64 GALLONS



Quaternary neutral pH
Safe on all water-safe surfaces and fabrics.

Kills a broad spectrum of bacteria and viruses including
Coronavirus SARS Assoc.,
Human Coronavirus, as well as,
H1N1, HIV, HepB&C, Staph,
Strep, MRSA, Pseudomonas
and much more.



SHIPP CLEANING SYSTEMS

1-800-962-1723

sales@cleananything.com

▶ DEALERS WELCOME ◀

Check 134 on index.

CULTURAL FOCUS

The Play's the Thing

Using theater to encourage advanced care planning

By Kristin Easterling

*Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.*
—Dylan Thomas

Dylan Thomas's iconic poem, voiced by a son begging his father to resist death, epitomizes the struggle all humans must face and the grief and sadness that accompany the process of dying. Today, that process comes with tough decisions about life-extending treatment, hospice care and funeral plans. Now, the Hospice Foundation of America (HFA) is seeking to ease the process for families with a series of plays aimed at breaking down stigma about the end of life.

One play in the series, "Dusk," which was presented via Zoom on August 13, follows a man with congestive heart failure. On the eve of his 68th birthday, Gil Everette and his adult children—aided by a home health worker—discuss his wishes about life-sustaining treatment options.

The story emerges through a series of flashbacks to the children's youth, exploring the family dynamic between the siblings and their father. In the present, Gil struggles to come to terms with his illness and with his

daughter's wishes for an advanced directive. Gil embodies Thomas's poem, raging against his impending death with sarcasm and anger, even suggesting he would rather end his own life than consider undergoing additional treatment.

The play also dramatizes the burden many women experience as family caregivers. Nan, Gil's daughter, lives in the same town and much of his care falls to her. One of her brothers has moved away and travels frequently for work; his efforts to help fall short. And while the other brother does pitch in, the emotional toll falls to Nan, leading to arguments among the siblings about how to handle Gil's care.

Elizabeth, a home health worker, tries to direct the family through the process by explaining the many choices that come with end-of-life planning and creating an advanced directive. Her character demonstrates the important part homecare providers play in helping patients and families cope with making these decisions.

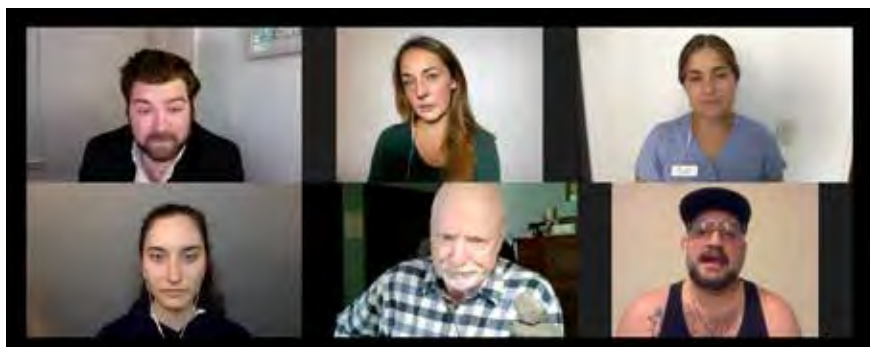
Following the Zoom presentation, HFA held a panel discussion with hospice and advanced planning experts, including Frederick Health Hospice Executive Director Carlos Graveran and Penn State Milton S.

Hershey Medical Center's Dr. Lauren J. Van Scoy, who were joined by the playwright, Brian Harnetiaux.

The panel addressed issues around end-of-life planning, such as doctors' hesitancy to bring it up and a lack of access for underserved communities. Recent studies have found that roughly 60% of the United States' population has engaged in advanced care planning, but less than 24% of Black and Hispanic populations have done so.

"I think I had a predisposition for subjects surrounding death and mortality," said Harnetiaux. "But the real imposition for me tackling the subject in theater was my father's death. I wrote a play about that ... In my father's protracted illness, I was just ill-prepared to deal with the complexity of the issues. I'm thankful to the hospice and palliative care community for letting me do field work. It's been one of the joys of my life to work through all of this, and it's helped me resolve some of my own issues."

Harnetiaux wrote "Dusk," the play that preceded it and a third that focuses on a younger family handling care planning. All provide an opportunity for self-examination and community dialogue on fundamental questions surrounding death and dying. Each play can be used individually or in any combination by hospices, churches, medical schools and other organizations as an educational tool and as a vehicle for creating public dialogue about end-of-life issues, according to the HFA website. Licenses for the trilogy are available for \$450 for a year's access, and the packet includes discussion questions for those viewing the play. **HC**



The cast of *DUSK* performs on Zoom in August of 2020.

Kristin Easterling is managing editor of HomeCare magazine.



Together in Hospital Together at Home

Masimo SafetyNet™ Remote Monitoring



- > Seamlessly extends care beyond hospital walls and into the home
- > Combines tetherless Masimo SET® pulse oximetry, respiration rate, and continuous temperature monitoring with a secure patient surveillance platform
- > Clinically proven Masimo SET® has been shown in more than 100 independent and objective studies to outperform other pulse oximetry technologies and is used to monitor more than 200 million patients a year¹

Learn more at www.masimo.com/masimo-safetynet

¹ Clinical study abstracts presented at scientific meetings and peer-reviewed journal articles can be found on our website at <http://www.masimo.com>.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. See instructions for use for full prescribing information, including indications, contraindications, warnings, and precautions.

Check 115 on index.



© 2020 Masimo. All rights reserved.
PLCO-004240/PLMM-11833A-0820
PLLT-11201B

Ramp Builder

COMING NOVEMBER 2020

Our NEW signature Ramp Buidling system is for dealers who want to maximize their time, provide same day quotes to their customers, and elevate their ramp business.

The Ramp Builder contains an online portal for creating your own project layouts quickly.

Simply enter in your project data, size, type of ramp, type of handrails.

The screenshot shows the 'Littleton Ramp Project' window. At the top, there's a navigation bar with 'Home', 'New Ramp Project...', and 'Instructions'. Below it is a red toolbar with icons for 'Display', 'Ramp Section', 'Part Lengths', 'Transitions', 'Undo', 'Start Over', and 'Add Options'. The main workspace displays a 2D layout of a ramp system. A status bar at the bottom indicates 'Width: 3 - Target Height: 37" - (Pos: 1/32) Type: T6'. On the right side, a cost summary shows 'Cost: \$870.00 | Length: 37'. The layout itself consists of several rectangular sections connected by arrows indicating flow. Each section has numerical labels for width and height. A large red double-headed arrow is positioned above the main layout area.

Effortlessly design your ramp layout, enter in the legs you will need, and use the drawing for you or your installer to work from for proper installation.



American Access



The image shows a laptop screen with the Home Depot website's "New Ramp Project" form. The form is titled "New Ramp Project" and has a blue header bar with the Home Depot logo and navigation links. The main content area is white with various input fields and dropdown menus. A red banner at the bottom of the form says "Continue". Below the screen, a portion of a black laptop keyboard is visible, showing keys like "Enter", "Shift", "Ctrl", and "Alt".

Current Items In Order

PS58U (\$236 EACH) x 1
PS63WRW (\$809 EACH) x 4
PS6ST (\$756 EACH) x 2
PSB3WRW (\$707 EACH) x 1
PSA3BRW (\$643 EACH) x 1
PS36WR (\$387 EACH) x 1

Additional Notes

Additional Email Recipients (Add 1 or more in a comma-separated list)

Your Information

Company Name

Name

Phone

Email

Business Owner ☐

Add/Remove Accessories

Extra Legs 2 (\$30 each)

HYDK30	Humane Tie Down Kit up to 30" heights	<input type="checkbox"/>
HYDK60	Humane Tie Down Kit up to 60" heights	<input type="checkbox"/>
HYDK90	Humane Tie Down Kit up to 90" heights	<input type="checkbox"/>
LOOP	Handrail Loop	<input checked="" type="checkbox"/>
LRA	Lightening Rod Kit	<input type="checkbox"/>
PSA	Pier Survival Kit	<input type="checkbox"/>
RCP	Rubber Ground Pad 4"x6" x 3/4"	<input type="checkbox"/>
RPGATE	Residential Platform Gate for 36" wide openings	<input type="checkbox"/>
TJ	Transition Jlane 9.75" x 23" adjustable	<input type="checkbox"/>

Send Email

By clicking **Send Request**, your request will be sent to our Sales team for review and follow-up within 24 hours or less.

Send Request

Order Total: \$8767.00

Include any additional add on items needed for your project, and press SEND.

Your layout and quote will immediatly be sent directly to your email.

The Ramp Builder also contains a special feature to save your most common layouts allowing for even faster quoting.

Reach out to American Access to learn how you can gain VIP Access

Check 103 on index.

aaramps.com