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- » 7 tips to keep your team engaged
- » 7 trends for 2023 you need to know

2023
Salary
Survey
inside!



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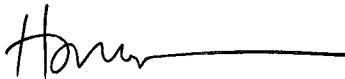
We've looked at the current and coming crisis in caregiver recruiting from a number of angles. How about from the hospitals' perspective?

In a recent op-ed published in the Albany Times Union, Dan Savitt, the president of VNS Health—which provides 12% of the state's home health care—pointed out how the organization's staffing woes have affected area hospitals. VNS has had to turn away more than 11,000 hospital patients, more than nine times what it did in 2019.

Keeping patients in the hospital costs money. Discharging patients who need in-home care without coverage also costs money, because they're more likely to return to the hospital. Meanwhile, Savitt said, "Every bed occupied by a patient who cannot be discharged, or who is readmitted, is a bed denied to a new patient, adding up to millions in lost revenue for hospitals and jeopardizing patient health." It's an argument likely to make an impact with legislatures—especially if hospital advocacy groups jump on board (although health systems, of course, are struggling to hire nurses as well).

Our staffing coverage starts on page 16 with our 2023 Salary Survey, which compiles your responses to paint a picture of what home medical equipment and in-home care employers are offering in terms of benefits and more, and how the public health emergency and employment environment are affecting their hiring practices. That's followed by experts urging agencies to look beyond career caregivers when it comes to hiring, as well as advice on keeping employees engaged and about the latest trends in health care human resources. There's lots more to explore inside as well!

Thanks for reading,



Hannah Wolfson



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Send your comments and feedback to Editor Hannah Wolfson at hwolfson@cahabamedia.com. We'd love to hear from you!

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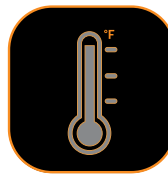
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HHAEExchange Named Mississippi's State Aggregator for EVV

HHAEExchange, a provider of homecare management solutions for managed care organizations, providers and state Medicaid agencies, has been selected by FEI Systems, an information technology, services and analysis organization, to serve as the subcontractor in providing an Electronic Visit Verification (EVV) platform in Mississippi. Working with the Mississippi Division of Medicaid, the addition of HHAEExchange's EVV platform to FEI's current long-term services and supports solution will connect payers and providers across the state.

UPCOMING EVENTS

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

April 15-17

LeadingAge Leadership Summit 2023

Washington, D.C.

leadingage.org/future-conference-dates/#LAME

April 17-21

HIMSS 2023

Chicago, Illinois

himss.org/global-conference

April 24-26

NHCPA Hospice & Palliative Care Leadership & Advocacy Conference

Virtual

nhpco.org/education/conferences

April 26-28

MAMES Spring Conference & Expo 2023

Des Moines, Iowa

mames.com/events/event_list.asp

With a substantial population over the age 60 and 33% of its residents considered disabled, Mississippi is experiencing heavy demand for homecare. As the state's aggregator, HHAEExchange will provide oversight and management of Mississippi's EVV data in compliance with the 21st Century Cures Act's mandate.

The Mississippi Division of Medicaid provides long-term services and supports under fee-for-service and is shifting from a closed model to an open model through HHAEExchange's efforts. The state will benefit from greater flexibility, also giving the division of Medicaid the added benefit of being able to move providers along the value-based care continuum, while further ensuring caregivers can focus on preventative care for members.

hhaexchange.com, feisystems.com

UnitedHealth Completes Purchase of LHC Group

UnitedHealth Group's purchase of LHC Group has gone through, according to the company's filing with the Securities and Exchange Commission.

UnitedHealth announced in 2022 that it planned to buy LHC for \$5.4 billion in a move to offer more integrated care. LHC, the Louisiana-based home health and hospice provider that operates in 37 states and the District of Columbia, now becomes part of Optum Health, UnitedHealth's care delivery and pharmacy benefit manager and health care provider.

The deal was expected to close last year, but the Federal Trade Commission requested additional information about the acquisition in June and extended the waiting period.

LHC Group's stock was delisted Feb. 22.

lhcgroupp.com, uhc.com

React Health Takes Over Invacare's Respiratory Products

React Health, a developer, manufacturer and distributor of medical devices for the treatment of sleep-disordered breathing and oxygen therapy, completed the acquisition

of Invacare's respiratory product line in February 2023. The acquisition includes:

- P5NXG
- Platinum 10L Concentrator
- Platinum POC (Portable Oxygen Concentrator)
- HomeFill Equipment/Cylinders
- Pediatric Oxygen Flow Meter
- Oxygen Analyzer
- Service Parts & Accessories

"We know that many of you are anxiously awaiting more information regarding the availability of these parts and products," React Health said in a press release. "We are working diligently with our suppliers to bring these back to market as quickly as possible."

Invacare announced in November that it would cease producing respiratory products. More recently, it filed for Chapter 11 bankruptcy. Ventec Life Systems, Inc., a wholly owned subsidiary of React Health Holdings, is the new holder of Invacare's respiratory line.

According to its website, patients who have purchased or received an Invacare respiratory product listed above and who have questions about it or need service or warranty repairs should call 1-800-333-6900 or email orders@invacare.com. React Health will not be able to assist with these devices, and all requests should be handled through Invacare.

Durable medical equipment (DME) suppliers who wish to order Invacare service parts or products must have an open account in good standing with React Health. Additionally, all items in repair before Jan. 28 are the responsibility of Invacare. Those devices will be repaired as normal. Most, if not all products, are at an independent repair center (IRC). React Health said it can help facilitate obtaining status updates, but suggests checking with the IRC.

There will be a lag in parts availability for approximately 30 to 60 days depending on the timing availability of necessary components.

reacthealth.com, global.invacare.com

CMS UPDATES PHE WAIVERS

The Centers for Medicare & Medicaid Services (CMS) has issued provider-specific guidance for the winding down of the COVID-19 public health emergency (PHE), which is set to end May 11.

Some highlights for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) include:

- CMS will close provider and supplier hotlines for those with temporary Medicare billing privileges in isolation facilities at the end of the PHE.
- Expedited enrollment for applications will end with the PHE.
- The ability to cancel opt-out status early and enroll in Medicare will end.
- Practitioners conducting telehealth visits from home will be required to report

their home address on their Medicare enrollment.

- CMS said it would continue to allow licensed physicians and other practitioners to bill Medicare for services provided outside their enrollment state.

Some highlights for home health agencies (HHAs) include:

- Telehealth may still be conducted—with video and audio only—if it's in the plan of care, but only in-person visits can be reimbursed.
- The required face-to-face encounter can be conducted by two-way audio-video technology when the PHE ends, but the waiver will expire on the 152nd day after the end of the PHE.
- Patients can be considered "homebound"

if their doctor advises them not to leave because they have, may have or could contract COVID-19, irrespective of the existence of the PHE.

- A waiver of requirements to include detailed information about discharge planning will end with the PHE.
- Some waivers on training and assessing home health aides will end with the PHE. Postponed onsite assessments for hospice and home health aides must be completed no later than 60 days after the end of the PHE.

To view a full fact sheet on the end of the PHE from the Department of Health and Human Services, scan the QR code or go to cms.gov.



Pennsylvania Homecare Company Must Pay \$2.3M in Wages, Damages

Affectionate Home Health Care Services LLC, an agency providing nonmedical care in the home, will pay more than \$2.3 million in back wages under a consent judgment, according to the U.S. Department of Labor.

A federal investigation found that the company willfully shortchanged nearly 400 employees on overtime, the department said in a news release.

The judgment requires Affectionate and its owners, Ashford B. Sonii and Habibatu K. Dumbar, to pay \$1.17 million in back wages and an equal amount in damages.

According to the release, investigators determined the company paid straight time for overtime hours worked, paid an arbitrary rate less than the time-and-a-half overtime rate required by law for hours over 40 in a workweek, or used a combination of the two illegal pay practices. They also found the employer did not separate straight-time hours worked from overtime hours and failed to record the proper hourly rates in overtime workweeks accurately.

In addition to paying back wages and damages, Affectionate Home Health Care

Services LLC must also pay a \$219,099 civil penalty for what was called "the willful nature of the violations."

[dol.gov](https://www.dol.gov)

Amedisys Sells Personal Care Division

HouseWorks LLC, a provider of personal care services in Massachusetts, New Hampshire, Pennsylvania and Maine, announced it has signed a definitive agreement to acquire the personal care division at Amedisys, Inc., a provider of home health, hospice and high-acuity care.

HouseWorks, in partnership with eCaring, will join the Amedisys personal care network and form a care coordination partnership to deliver care to the communities both organizations jointly serve.

In addition to the HouseWorks footprint, eCaring provides software and services to more than 75 homecare agencies with 15,000-plus caregivers, delivering care to more than 35,000 seniors each year. By establishing this network partnership, Amedisys retains and expands access to personal care services in the current and growing footprints served by HouseWorks and eCaring.

"We strongly believe in the value of personal care, and this divestiture allows our personal care division to grow under a proven leader in the industry while Amedisys focuses our attention on our core business units of home health, hospice and high-acuity care," said Paul Kusserow, Amedisys chairman and CEO.

Amedisys acquired its first personal care company, Associated Home Care (AHC), based in Massachusetts, in 2016. Mike Trigilio, now the CEO of HouseWorks, was CEO of AHC before Amedisys bought it and was the president of Amedisys's personal care division until his departure in March 2020.

The transaction is expected to close in the second quarter of 2023.

[amedisys.com](https://www.amedisys.com), [house-works.com](https://www.house-works.com)



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Increasing Medicaid Funding for HCBS

New bill aims to eliminate long waiting lists for homecare services

By Meg Herndon

During a U.S. Senate hearing on March 9, Special Committee on Aging Chairman Sen. Bob Casey introduced the Home- and Community-Based Services (HCBS) Access Act (S 762/HR 1493) which would, over time, reduce lengthy waiting lists for homecare services and put homecare on equal footing with long-term institutional care facilities under Medicaid.

“It is time we make the smart economic investment in home- and community-based services,” Casey said. “My HCBS Access Act would provide seniors and people with disabilities with a real and significant choice between receiving care in a long-term care facility or at home, where so many of them wish to stay, and ensure that paid caregivers can turn poverty jobs into family-sustaining jobs.”

Rep. Debbie Dingell sponsored a companion bill in the House. The HCBS Access Act would:

- Increase Medicaid funding for HCBS.
- Provide grant funding for states to expand their capacity to meet the needs of people who prefer HCBS.
- Make steps to improve the stability, availability and quality of direct care providers to help address the decades-long workforce shortage crisis.
- Provide states with resources so caregiving workers have stable, quality jobs and a living wage.
- Provide training and support for family caregivers.
- Create better evaluation measures to assess the quality of HCBS being provided.

The proposed legislation is not the first of its kind. In 2021, Casey, along with three other lawmakers proposed another HCBS Access Act.

The HCBS Access Act is cosponsored by U.S. Sens. Maggie Hassan (D-NH), Sherrod Brown (D-OH), Tim Kaine (D-VA), Kirsten Gillibrand (D-NY), Richard Blumenthal (D-CT), Peter Welch (D-VT), John Fetterman (D-PA), Jeff Merkley (D-OR), Bernie Sanders (I-VT), Tammy Baldwin (D-WI), Tammy Duckworth (D-IL), Elizabeth Warren (D-MA), Jack Reed (D-RI), Edward Markey (D-MA), Jeanne Shaheen (D-NH), and Patty Murray (D-WA).

WHAT HAPPENS NEXT? >>

After its introduction to the House, the HCBS Access Act was referred to the Committee on Energy and Commerce, the Committee on Education and the Workforce and the Committee on Oversight and Accountability.

INDUSTRY VOICES

“America’s population is aging rapidly. We simply do not have enough workers to meet the current, let alone projected, need for care,” said Katie Smith Sloan, president and CEO of LeadingAge, the association of nonprofit providers of aging services. “Substantial investments in the direct care workforce, such as those in the HCBS Access Act, are exactly what’s needed to begin to solve the current workforce crisis in aging services.”

“The HCBS Access Act represents a historic investment in a long undervalued and underfunded care industry,” said Ai-jen Poo, executive director of Caring Across Generations. “We applaud Senator Bob Casey, Senator Maggie Hassan, Senator Sherrod Brown, Congresswoman Debbie Dingell and Congressman Jamaal Bowman for their leadership on this issue. If Congress doesn’t take this issue seriously, millions of us will continue to struggle to do what matters most: care for the people we love.”

“Caregivers can’t afford to stay in these jobs, causing turnover rates as high as 60% in some markets, and consumers can’t afford or access care,” said Jacinta Burgess, a homecare worker invited to testify at the hearing. “Congress has the power to improve care jobs for the 2.6 million homecare workers across the country, and the nearly 10 million seniors and people with disabilities whose lives depend on access to quality, affordable care.”

DID YOU KNOW?

President Joe Biden’s budget for fiscal year 2024 aims to expand access to quality, affordable health care by investing \$150 billion to improve and expand Medicaid home- and community-based services over the next 10 years.

THE BIGGEST RISKS TO YOUR HOMECARE BUSINESS & HOW TO AVOID THEM

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RoundTable

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FREE | APRIL 26 | 2 P.M. CENTRAL

What keeps you up at night? And what can you do besides worry? In this HomeCare RoundTable hosted by Editor Hannah Wolfson, insurance experts will share the claims that most commonly strike organizations in the industry, costing them money and time. This is your opportunity to learn how to avoid areas of danger, from your employees' driving habits to slips and falls in the home to client abuse and property theft—and also how to ensure your organization is protected from the worst.



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One Seller's Evolution in the Equipment Business

Why a generational shift could rejuvenate the industry

By Faisal Poonawala



FAISAL "RJ" POONAWALA runs Spring Branch Medical Supply, a family-owned and -operated retail home medical equipment store in Houston. The company was officially formed in 1985, two years after he was born. Retail operations began in 1987. Visit springbranchmedical.com.

I am truly one of the luckiest individuals to have the fortune of falling into a career in the homecare space that I love and cherish. Throughout the first half of my life, I swore I'd never have anything to do with it.

Now, it's all I live for. Let me paint a picture of how it has changed over time, because I suspect my story of taking over my family's durable medical equipment (DME) business is not unique.

My parents were kind enough to hand me a broom when I came crawling home at age 19 asking for a job so I could pay my way through college. When life gives you lemons, make lemonade, they say. That broom led to a promotion and a set of keys to a one-ton delivery van, which I also had to use on my daily commute between home, work and school. The deliveries paved the way to a hybrid position of in-store customer service and delivery. Then our store manager left to start his own venture, and I became his replacement.

I was halfway through my criminal justice degree and itching to join a local law enforcement agency. I didn't pay enough attention to the details that my predecessor knew about vendors, products, non-assigned claims (back to that in a moment), purchase orders and so many other things. Overnight, the script got flipped on me—but the only thing I knew to do was to roll with it.

When I finally attended my first Medtrade in the late 2000s, I learned that we were doing everything wrong. We were supposed to be doing assigned claims,

not non-assigned ones. We were supposed to deliver the order first, then deal with chasing paperwork with the physician. We were supposed to do all of these things that everyone else was doing—that's how we would scale up and grow!

A New HME Reality

Then Round 1 kicked in, and I became fascinated by watching the pilot program in the nearby Dallas region. The stories I was hearing from dealers, customers, friends and relatives were horrible. I'm not talking about the bid rates; I'm referring to everything else. We know about them because many of us in the third-party space experienced the same logistical issues:

- "I don't have all of the necessary paperwork from the physician."
- "You don't qualify for coverage."
- "It's not a shopping mall where you just pick anything, these are your (limited) options."
- And the list goes on.

The writing was on the wall that the competitive bidding program was very likely going to expand, despite the inefficiencies and failures Round 1 showed us in the pilot areas. I decided instead to begin shifting to higher quality products and adding a variety of non-coded options. Who does the government think they are to tell a consumer or caregiver what they can or can't have? Who are they to determine what is useful and necessary in someone else's life?

I had no clue what was next, but I knew I was not going to let tanking reimbursement rates force me into providing low-grade products.

My theory is that my customer base is shopping with me for a loved one; they are vulnerable, they need education, they need their hands held or maybe even a hug. Ultimately, what they need are quality long-term solutions. I felt and still feel a tremendous sense of responsibility to ensure that anyone who gave us a chance would get the same service and quality of products that I'd expect for my family.

When July 1, 2013 arrived—D-Day for DME—many of us in Round 2 markets hit a new level of chaos. Doctors' offices were finally calling me saying, "Our usual referral won't do X—will you?" I'd then ask why and be told, "Well, they're saying they need more paperwork. They never asked for it before."

Enforcement was ramping up and rates took a dive, making it harder than ever to do traditional business. With no contracts, I finally felt free to start offering out-of-this world brands and products. Gone were the non-assigned claims. Instead, we were able to give our customers the opportunity to make an investment in their well-being. Our inventory purchase orders rose—but so did our deposits, quickly enough to cover them. Plus, people wanted to shop with us, even though no one wants to shop at a medical supply store. Be honest, would you? (Come visit me and I'll change your mind.)

Pandemic Problems

Fast forward a few years. I'm married with a kid on the way, we have a modern phone system and point of sale system with bar code scanners. Life couldn't get any better. Then along comes COVID-19.

I had to ask my mother to stay home for her safety. I was up all night researching the latest on COVID-19 protocols and searching for in-demand inventory from any vendors I could find.

This is where the shift really started for me. Now it was my turn to keep up with the



monthly bookkeeping, tax payments, license renewals and accounts payables (I am proud to say we have zero days sales outstanding as a self-pay/retail operation). Suddenly, I'm the owner, administrator and showroom manager—plus a husband, an expectant father and the person responsible for my parents' health and safety (which included providing them with lift chairs, rollators and a few basic activities of daily living items).

I had to finally admit that my mother might not return to work to do all the "boring stuff" while continuing to pester me about how expensive inventory items had become. We saw how high the cost of doing business had gone the last three years. I took the side of the industry, knowing many HME providers were locked into static contract rates even as fuel prices fluctuated, personal protective equipment added expenses and inventory costs skyrocketed.

I chose to limit our retail pricing increases as best as I could to help minimize the sting for the families that continued to give us their business. If I couldn't get a certain product, I had backups in mind. If no options were available that met my

standards, then I'd rather do without. Quality remained critical, even as I was functioning as the customer sales representative, the showroom manager, the back-end manager, the administrator and at least playing the role of owner.

That brings me to this year. For the entirety of its operation, our business has been a micromanaged organization, and I've dreamed of changing that culture. I finally have a right-hand person who is helping me to do that and a relatively new team of staff who have learned over the last 14 to 26 months what makes us different from other local businesses and how we can take my dreams to the next level.

I'm no longer working six days a week as my mother did until her forced retirement. I have become a proud member of the sandwich generation, raising a young family while ensuring my parents are taken care of in their golden years, and have shifted from business operator to business owner. I'm a father myself, and I am a firm believer that dreams that you wish will come true. Next on our radar—continued growth and expansion.

Spoiler: I don't even like lemonade. **HC**

Making MA Work for Homecare

Nonmedical benefits have value for health & independence

By Seth Ravine



SETH RAVINE is senior vice president of strategic solutions at Modivcare. He has worked in health care for more than 15 years, including nonemergency medical transportation and remote patient monitoring organizations. Visit modivcare.com.

Medicare Advantage (MA), the private health plan alternative to traditional government-sponsored Medicare, continues to grow nationwide. More and more older adults are choosing the MA plans, in part because of the exceptional benefits offered by managed care organizations. The average Medicare beneficiary could choose from more than 43 different MA plans in 2023, more than double what was available just five years earlier.

Today, more than 28 million Medicare beneficiaries, or 48% of all eligible individuals, are enrolled in an MA health plan. Many believe this number will surpass 50% in the next few years, if not sooner.

An Overview of MA Supplemental Benefits

In addition to the overall growth of MA plans, those same plans continue to expand to offer more and more benefits each year. Those benefits can include over-the-counter medicines, dental allowances and more. In 2023, more than 97% of all MA plans offered some type of additional benefit, very often with no extra cost to the MA member, including nonemergency medical transportation (NEMT) and remote patient monitoring (RPM).

NEMT and RPM, known as “nonmedical benefits,” are especially valued by MA members and homecare organizations. These nonmedical benefits are so prized by MA beneficiaries that 60% said they would choose a plan based simply on the

number of free services offered, including nonemergency transportation.

NEMT and RPM are offered by 97% and 3% of individual plans, respectively, while vision benefits, for example, are offered by 99% of these plans. NEMT, a service where independent businesses take individuals to and from health care appointments, and RPM, in-home devices designed to monitor vitals and falls, are extremely important to those living independently in their own homes.

Both of these home-based care services are part of a larger trend of moving health care from a facility-based experience to a care-at-home model. McKinsey estimates that \$265 billion of care services, or approximately 25% of the total cost of care for traditional Medicare and MA, will relocate to the home in the next two years.

“Care at home could improve the quality of care and the patient experience by providing patients with care in the comfort of their homes and by potentially reducing preventable adverse health events,” the McKinsey report said. “Additionally, stakeholders—including payers, health care facilities, physician groups, care-at-home providers, technology companies and investors—could see substantial value.”

Even so, the MA market continues to evolve as health plans evaluate how they spend supplemental benefit dollars. Their goal is to ensure benefits are cost-effective and lower the cost of care. So while the trend today is allowing MA members to spend on

what they find valuable—like dental services and over-the-counter medications—that could change in the future.

The Importance of Homecare Services in the MA System

Homecare organizations and staff are positioned to understand an individual's needs as they relate to NEMT and RPM services. Routine contact between the individual and the caregiver is a unique relationship that often makes homecare providers the first to know about changes in health status. Collecting data from within the MA member's home may be the most advantageous way to understand the challenges of everyday life. An in-home caregiver, for example, will have firsthand information and data that can help health plans understand what prevents their members from getting health care services.

The member may:

- have behavioral health issues
- face transportation challenges
- struggle with food insecurity
- need help navigating the health care system

As a health plan's eyes and ears, in-home caregivers are in a unique position not only to collect member data, but also to act on it in a way that improves the member experience. Aligning activities of daily living with improving health and driving outcomes can help empower care aides and improve retention. As a care aide becomes more involved in a client's everyday life, they can identify issues more quickly, gather acute and chronic health data and assist the homecare agency in organizing it in such a way that health plans can act. This, in turn, drives more value for the health plans and can help secure the homecare agency as a provider of choice.

RPM, NEMT & Aging in Place

Today, many people want to age in place by remaining in their own homes: in fact,

Nonmedical benefits are especially valued by MA members and homecare organizations. These nonmedical benefits are so prized by MA beneficiaries that 60% said they would choose a plan based simply on the number of free services offered, including nonemergency transportation.

88% of older adults say it's important to them. "While most older adults feel it is very important for them to stay in their home as long as possible, many are not prepared to age in place," said the Institute for Healthcare Policy and Aging at the University of Michigan, National Poll on Healthy Aging.

But homecare services combined with NEMT and RPM can help these individuals prepare for and realize their goal of aging in place, especially for those older adults who can take advantage of these "nonmedical" services through an MA health plan.

Studies support the concept that RPM helps keep individuals healthy, improves outcomes and reduces overall health care costs. Mayo Clinic researchers publishing in the journal *Nature* found that of the more than 7,000 participants monitored, 79% used the device regularly. In addition, the researchers noted "emergency department visit and hospitalization within 30 days of enrollment were 11.4% and 9.4%, respectively, and the 30-day mortality rate was 0.4%." This research concluded that RPM use was "feasible, safe and associated with a low mortality rate" and supported further expansion of RPM programs.

"Home monitoring and hospital-at-home

models offer the potential to transform care and potentially allow a substantial proportion of hospitalized patients to receive care from home," said a JAMA Viewpoint essay.

NEMT receives similar accolades from its regular users. This service helps individuals with chronic conditions, such as diabetes or congestive heart failure, get to and from health care appointments safely. Not having access to reliable transportation keeps approximately 5.8 million people from getting medical care every year and a lack of transportation is classified as a social determinant of health.

The paucity of transportation options also has a significant financial cost. Missed health care appointments—often caused by an individual's need for a ride—cost \$150 billion in the U.S. As an MA plan-provided service, NEMT helps individuals age in place and improve or maintain health, while improving health equity among underserved populations and lowering health care costs.

When NEMT and RPM have a place in the homecare setting, it's much easier to help older adults age in place as these services help improve health, address health related social needs and lower health care costs. **HC**

Show Me the Money

6 must-haves if you want an SBA loan

By Matthew Gillman



MATTHEW GILLMAN is a business financing expert with more than a decade of experience in commercial lending. He is the founder and CEO of SMB Compass, a specialty finance company providing education and financing options for small- to medium-sized business owners. Visit smbcompass.com.

Many businesses would wait until they need financing before checking if they're qualified to receive a business loan. But with the homecare field experiencing rapid growth, it's wise to use this time to prepare your requirements if you're planning to expand anytime soon.

It's essential to have your loan application documents on hand to be prepared. The list below will guide you through the requirements needed for securing funds with backing from the Small Business Administration (SBA).

First, why get SBA loans? The SBA aims to help you have access to funds for various reasons, such as purchasing equipment or relocating to a new office space. SBA loans are the perfect financing solution if you want backing from the government. The SBA assumes much of your risk as a small business owner.

Remember, the SBA doesn't necessarily release these loans; you apply for financing from SBA-accredited lenders. Based on your qualifications, you may get backing from the organization. There are different types of SBA loans to meet your needs:

- SBA 7(a) loans—The most preferred lending program that offers you up to \$750,000 in funding. You can use the funds for various purposes.
- SBA 504 loans—Also known as the CDC/504 loan, SBA 504 loans are ideal for companies that need long-term, fixed-rate financing. This could be for the purchase of new facilities, huge machinery or land.

- SBA microloans—Intended for companies that need urgent funding. Getting this type of loan won't require a certain number of years in business to qualify. You only need to prove your creditworthiness to get up to \$50,000 in quick cash.
- SBA express loans—Similar to an SBA 7(a) loan but you can get approved within 36 hours. Your business must be operating for at least two years.
- SBA disaster loans—Can be used to weather a storm, from calamities like a cyberattack to a global pandemic. This is provided directly by the SBA to companies that need funds to pay for equipment repairs or building renovations.

SBA Loan Requirements You Will Need to Meet

Knowing which type of SBA loan to get will come in handy when preparing your requirements. As a guide, the following provides a quick checklist of all the standard documents you will need to have on hand.

1 Credit History & Score

Your business credit score is a number that represents your creditworthiness. Lenders use it to decide whether to give you a loan. The higher your score, the more likely you will get approved for a loan. To give you an idea, here are the minimum credit scores you need to have to qualify for each type of SBA loan:



- SBA 7(a) loan—650 and up
- SBA express loan—600 and up for loan applications between \$30,000 and \$150,000. A minimum credit score of 650 is needed if you are applying for loans of more than \$150,000.
- SBA CDC/504 loan—680 and up, with a 10% down payment to purchase the asset
- SBA microloan—620 and up, but some lenders may require a minimum credit score of 640, depending on your qualifications.
- SBA disaster loan—620 and up

Note these credit scores may vary depending on the lender you're working with. They will also need to look at your other credentials—from your creditworthiness to the length of time your business has been operating.

2 Comprehensive Business Plan

Your business plan is like your road map for the future. It shows the lender how you plan to use the loan and how you will grow your business to pay it back. If you can't show a solid business plan, the lender may

be hesitant to give you a loan, even if it will be backed by the SBA.

3 Desired Loan Amount

Don't guess the maximum amount of money you can get from your lender. Know exactly where you're going to use the money and how much you require to fund those needs. Remember that SBA loans are like any debt out there, so don't seek out a considerable amount of money if you have no use for it.

4 Purpose for Getting an SBA Loan

Similar to a business plan, your lenders will want to know why you need the capital in the first place. Explain the purposes for getting a loan, whether it will be used for hiring new employees or getting bulk orders from suppliers.

Knowing the purpose of your loan will ensure you're getting the right type of financing and that you're filling out all the necessary paperwork correctly. It can also help you understand your monthly payments and how long it will take you to pay off your debt.

5 Detailed Cash Flow, Including Financial Projections

Lenders need to see how much money is coming in and out of your business to make informed decisions. Your cash flow will make it clear whether you're paying your suppliers on time and maximizing your income. This will determine whether you are a good candidate for an SBA loan.

6 Collateral

While lenders consider every borrower's unique situation, most of them will ask for collateral. Collateral gives lenders some added security to ensure that you will repay your loan accordingly. It reduces the risk for lenders when loaning you money. Collaterals may be in the form of real estate assets, invoices, cash reserves, inventory or equipment.

Businesses need to have all the support they can get to pursue long-term growth—including financing. Even though you might not need capital right now, make sure you have all these requirements ready for faster application in the future. **HC**

SALARY & STAFFING 2023



When we first started reporting salary survey data a decade ago (back then, it was as part of our January 2013 industry forecast), the homecare world was focused on the possibility of competitive bidding expanding and threats to the home medical equipment (HME) market, and we asked about how hiring and pay might change if things went poorly.

There are still plenty of perils today for both HME and in-home care providers—inflation, economic instability, reimbursement pressures and supply chain issues, among others—but now, employment itself is a dominant one. Almost 100% of homecare agencies say that direct worker shortages have had a negative impact on their businesses.

And it's not just a crisis in caregivers: There are 3 million fewer Americans working today compared to this time in 2020. That leaves all hiring companies stretched, as there are 10 million job openings in the U.S.—but only 5.7 million unemployed workers.

In the following pages, we take a look at staffing and benefits trends in the homecare industry. We hope this report helps you determine how your organization compares to others. Thank you to all who participated.

Note: Some charts may add up to less than 100 due to rounding. Others total above 100 because respondents selected more than one option. In some cases, answers with low percentages may have been combined.

SURVEY INDEX

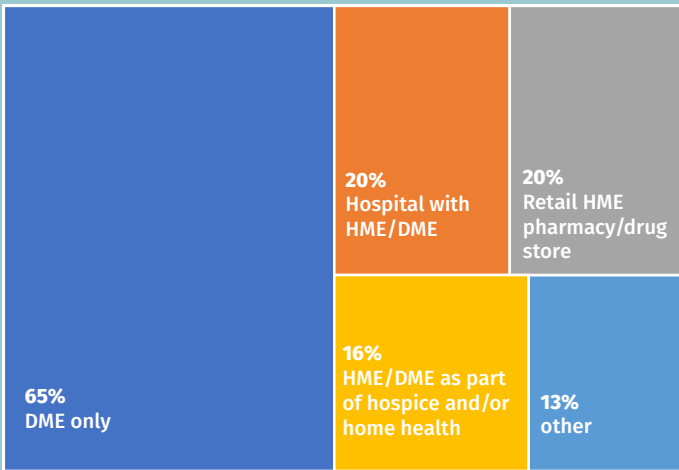
HME:

Organizational Profile	17
Individual Profile	18
What Changed	19

HHA:

Organizational Profile	20
Individual Profile	21
What Changed	22

My organization provides



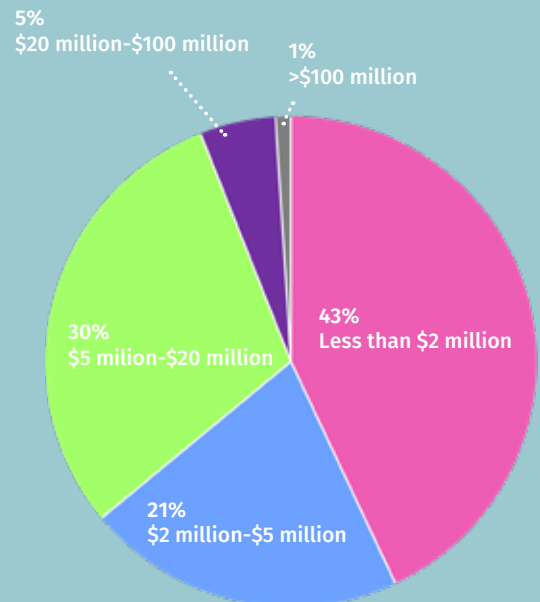
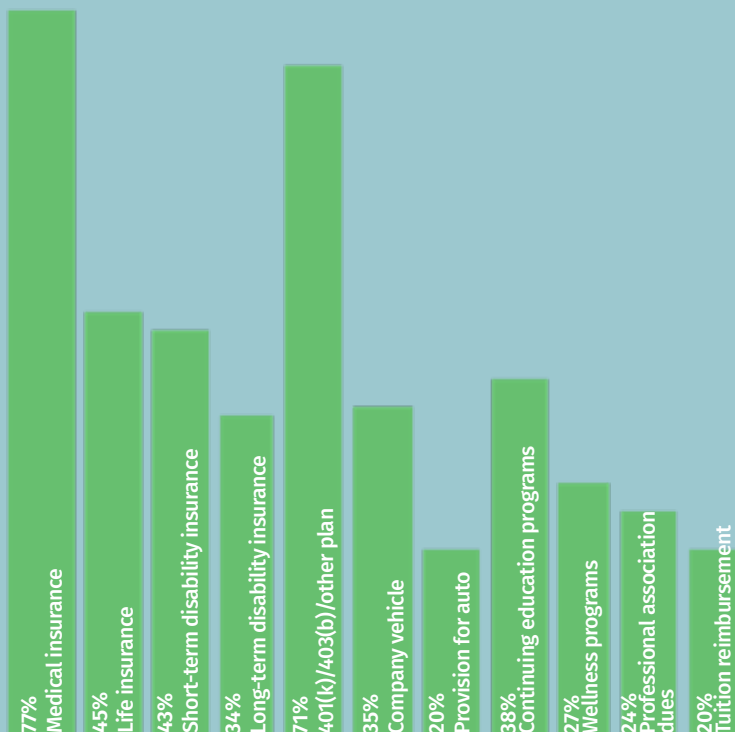
Number of employees



Number of locations



What benefits does your company/organization offer?



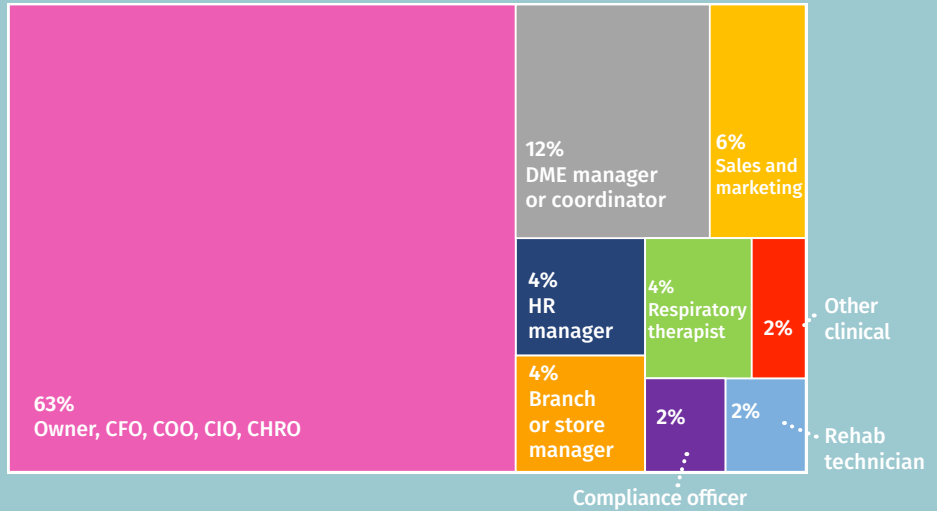
Annual gross revenue in 2022

HME: INDIVIDUAL PROFILE

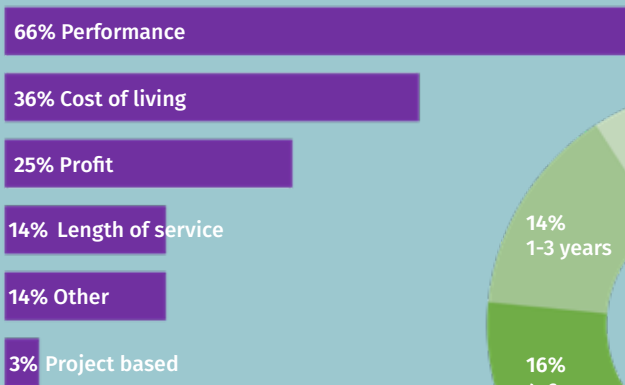
Are you salaried or hourly?



What job title best describes your salaried position?



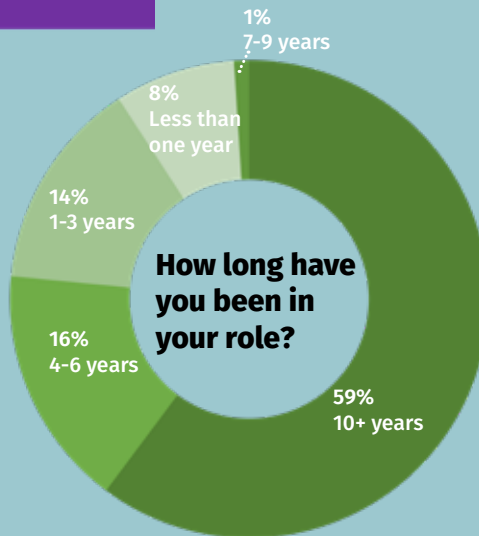
If you received a raise, what was it based on?



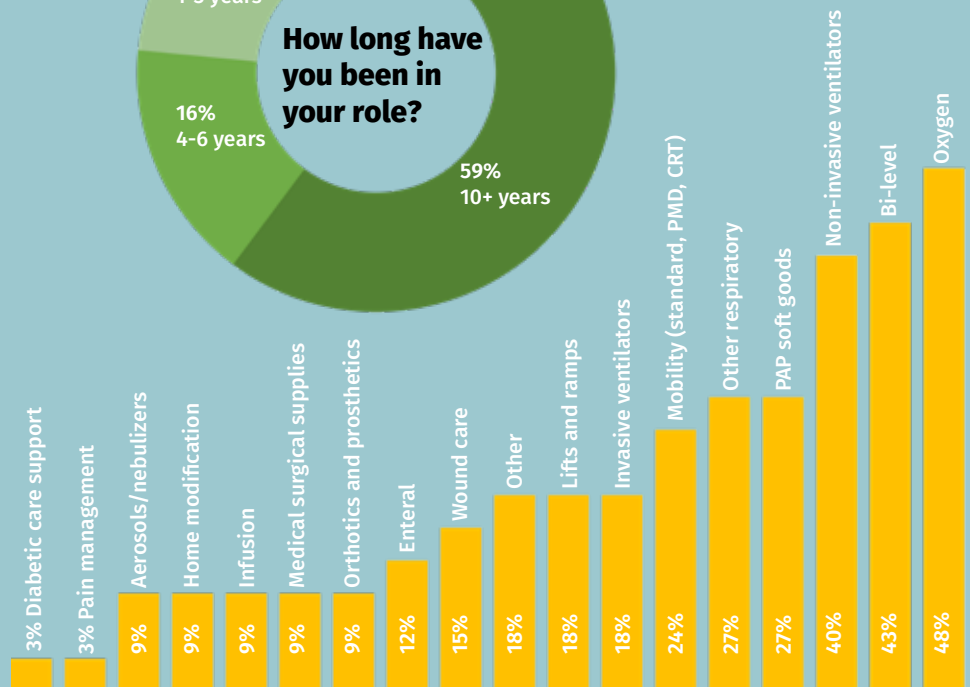
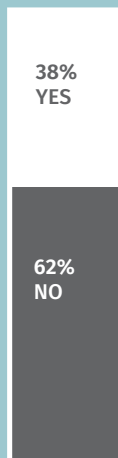
Did you receive a raise in 2022?



How long have you been in your role?

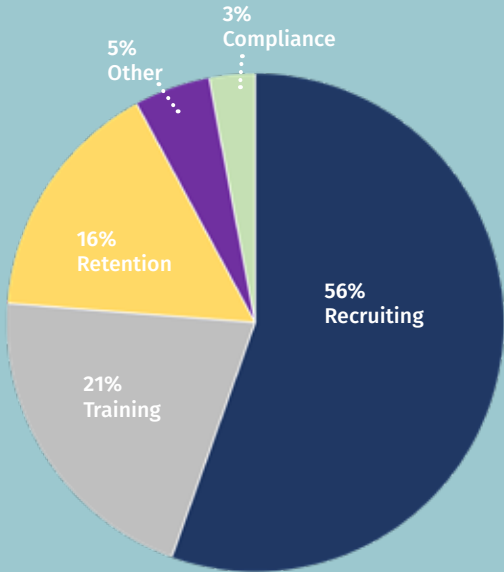


Does your company pay commission or sales incentives for specialty product categories?



Which specialty product categories receive commissions or incentives?

What's your biggest staffing challenge?



Were any of your 2022 staffing changes partly or completely a direct result of the ongoing COVID-19 pandemic? If yes, how?



This number almost flipped compared to last year, when 80% of HME providers in the survey reported they had staffing impacted directly by COVID-19. In 2022, 34% of those who did see a change due to the pandemic hired more due to increase demand,

49% Customer service and/or technicians

38% Billing, coding or collections

37% Sales & sales support

29% Delivery

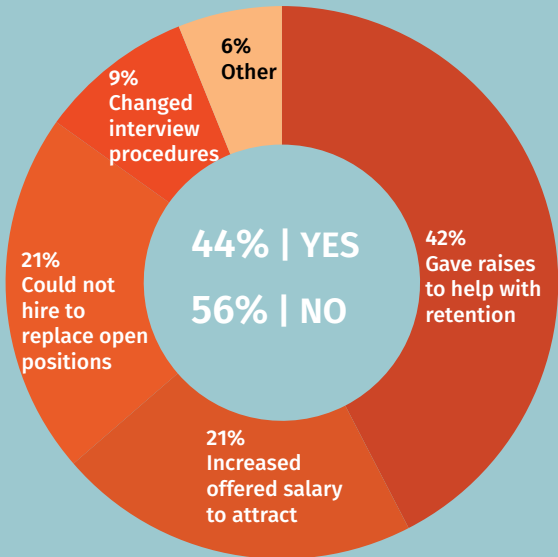
21% Other

18% Clinical (respiratory, credentialed, non-credentialed)

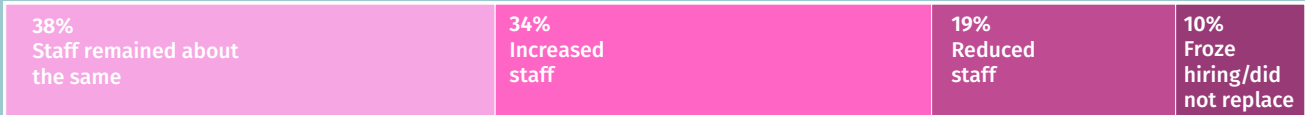
8% Data management

If you are adding new or increasing staff in 2023, in which areas do you plan to do so?

Were any of your 2022 staffing changes partly or completely a direct result of the competitive job market? If yes, how?

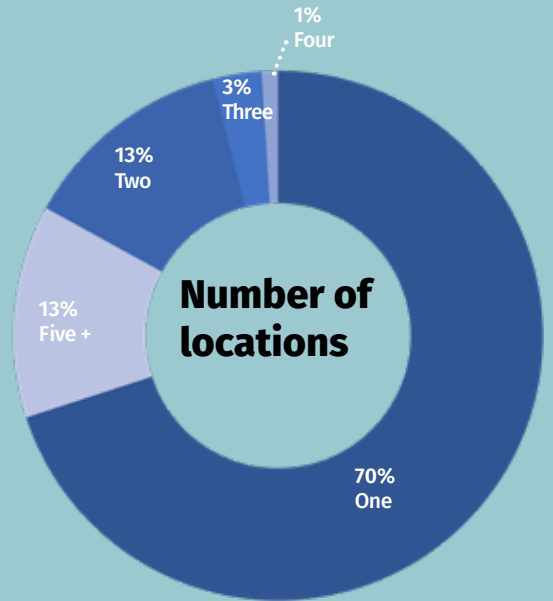
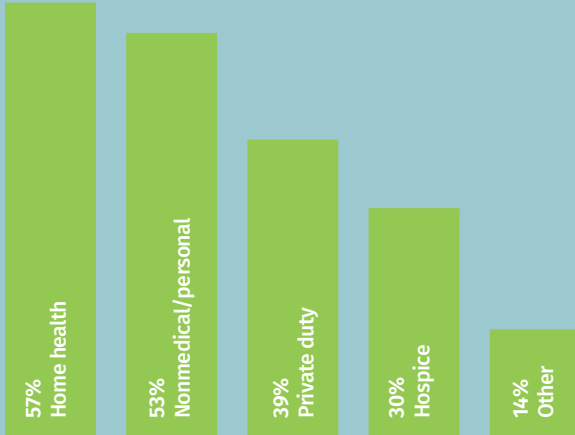


How did staffing change at your organization in 2022?

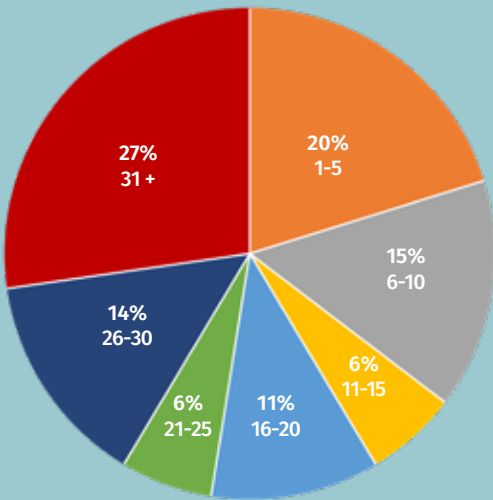


HHA: ORGANIZATIONAL PROFILE

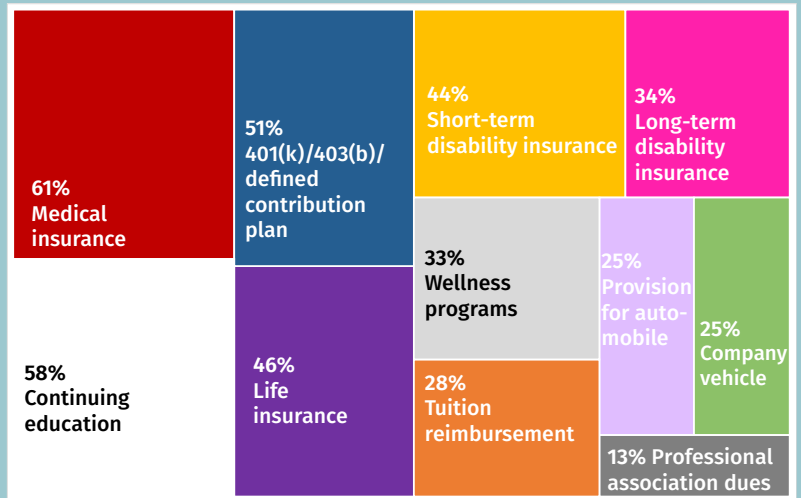
My organization provides:



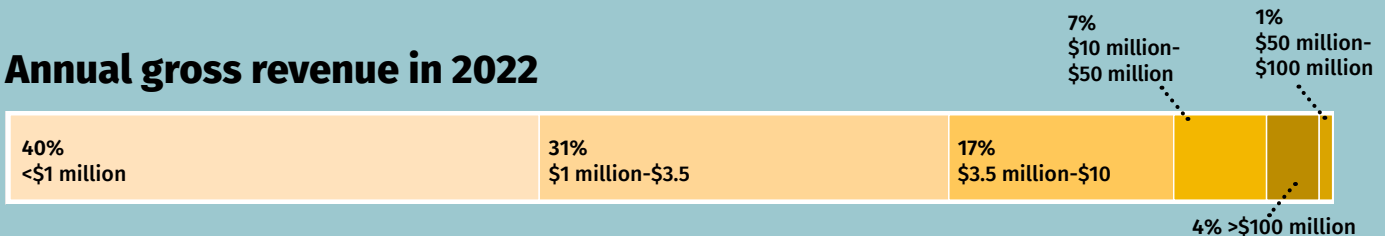
How many full-time employees (more than 32 hours per week) do you have?



What benefits does your company/organization offer?



Annual gross revenue in 2022



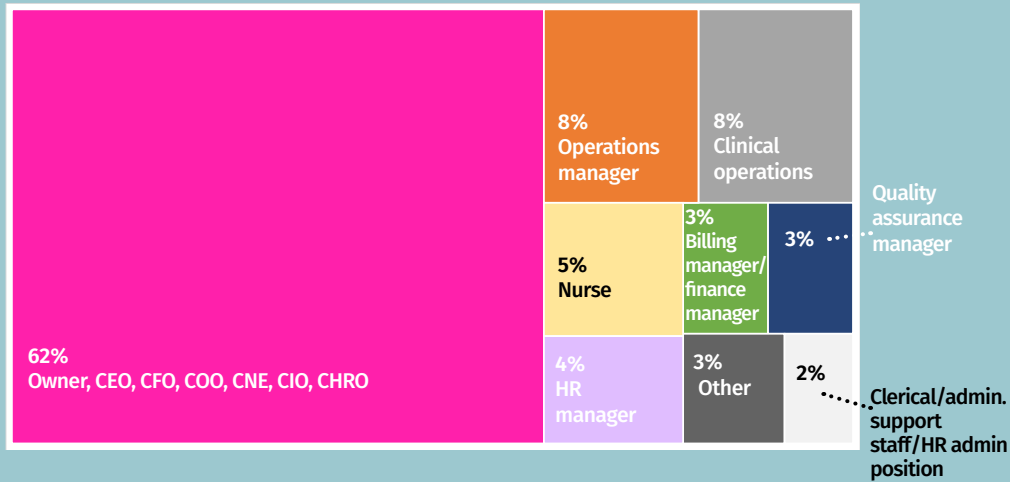
Are you salaried or hourly?



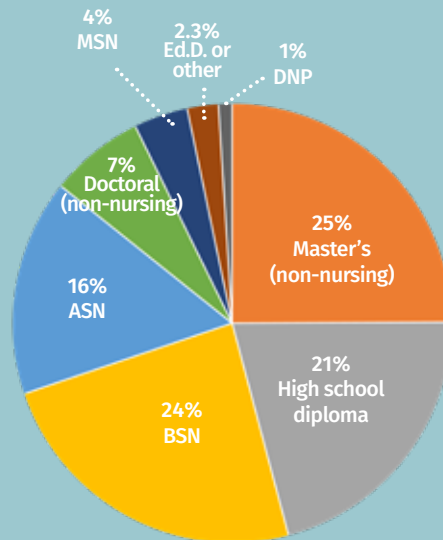
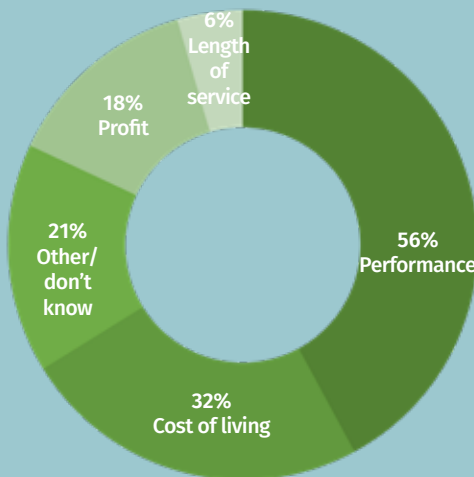
How long have you been in your role?



What job title best describes your salaried position?



If you received a raise, what was it based on?



What is your highest degree?

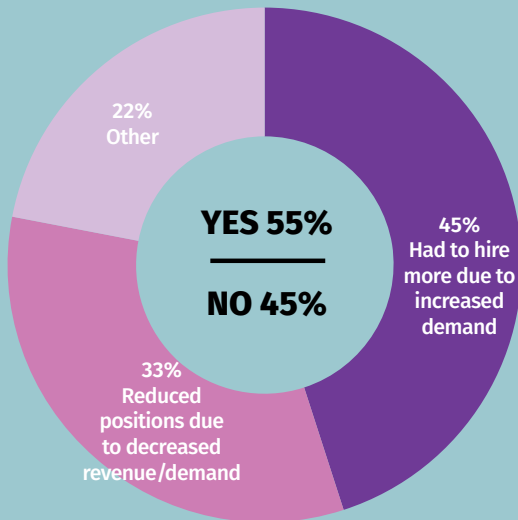
40% YES

60% NO

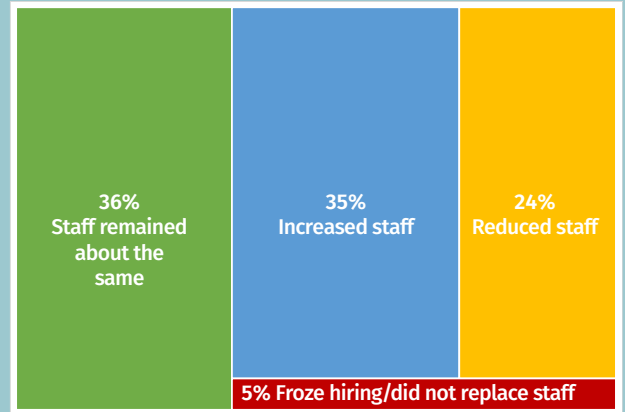
Did you receive a raise in 2022?

HHA: WHAT CHANGED

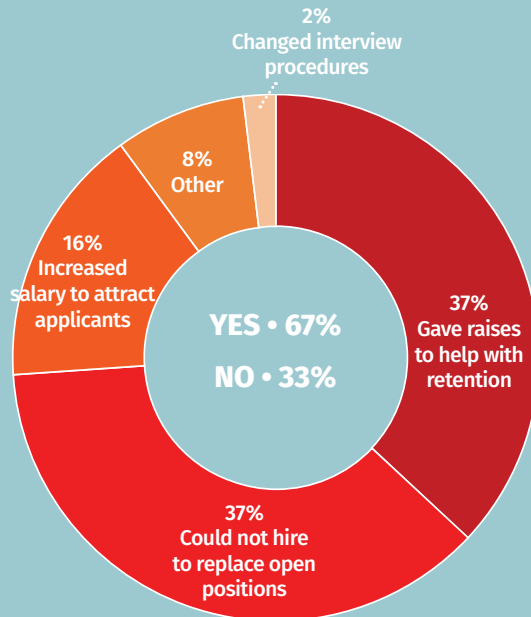
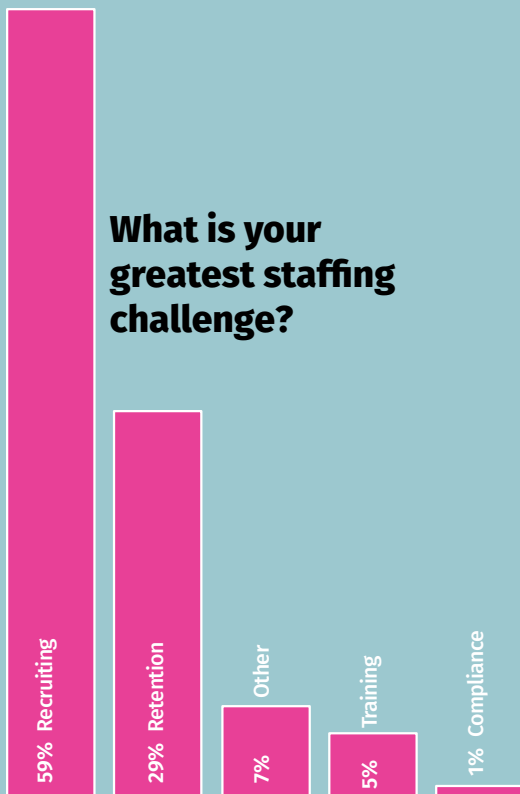
Were any of your 2022 staffing changes partly or completely a direct result of the ongoing COVID-19 pandemic? If yes, how?



How did staffing change at your organization in 2022?



What is your greatest staffing challenge?



Were any of your 2022 staffing changes partly or completely a direct result of the competitive job market? If yes, how?

EXTENDED SALARY & STAFFING SURVEY 2023



We've got more data, including detailed salary reporting, at homecaremag.com/salary-survey.



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The **2023 Financial Management Conference (FMC)** is a must-attend event for home care and hospice financial management influencers. Get the latest on economic growth, leadership, technology, advocacy, and much more. We will deep dive into how you can put your new insights to work once you're back in the office. So invest in yourself, your organization, and your career by joining us this year.

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50+ Industry Leading
Exhibitors

2+ Days of
Networking & Fun

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WAGES

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SHIFTS

PTO

Coordination

Staff

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Collaboration

Network

PROMOTIONS

EXPECTATIONS

Welcome

Genuine

New Hire

PERSONAS

Human Resources

Goals

Talent

Training

Teams

EFFICIENT

Balance

Client Fit

Recruiting

Incentive

EMPLOYEE ENGAGEMENT

Hiring

Want Ads

Bonuses

Retention

Working Together

Relationships

Putting Together the Hiring Puzzle

New ways of approaching the caregiver crisis

By Hannah Wolfson

Eight million.

That's how many new jobs—8.2 million, to be more precise—the caregiving workforce needs to increase by before 2028 in order to fill the expected needs for senior and other in-home care.

It's a daunting number, especially given many homecare providers are struggling to keep their current staffs at capacity. Turnover rates in homecare hover around 64%, according to a report from HHAeXchange. And inflation is only adding to wage pressures.

"The reality is, with an aging population and an increased desire to stay away from institutional care, the demand on services in the home has grown and it exceeds the supply of what can be given," Bill Dombi, president of the National Association for Homecare and Hospice (NAHC), said during an online panel event hosted recently by HomeCare. "The

consequences of that are obvious—access to care is diminished. The so-called conversion rate of referrals to care and the acceptance into care is at an all-time low."

What if there were new and innovative ways to help solve the caregiving crisis? As they say, the definition of insanity is doing the same thing repeatedly and expecting different results. Today's homecare organizations are attempting a broad range of tactics to recruit and retain workers, including increasing compensation, focusing on worker safety in the field and supporting work-life balance for shift workers and others. There is also a growing effort to articulate the meaningfulness of caregiving work, and to find more workers—including in unusual places or demographics—that pitch might appeal to.

HomeCare held a panel discussion to dive into some of

these options, featuring three experts: Dombi; Brandi Kurtyka, CEO at MissionCare Collective, which includes myCNAjobs, CoachUp Care and MissionCare and is focused on changing the care hiring culture; and Jeff Salter, founder and CEO of Caring Senior Service, a nonmedical homecare provider with about 50 locations.

Targeting New Demos

The HomeCare RoundTable, called "Connecting With Caregivers: Understanding direct care workers and their needs," included data from the State of the Direct Care Workforce report, co-authored by Dombi and Kurtyka. The project surveyed more than 67,000 certified nursing assistants and home health aides to find out as much as possible about them, from their marital status and health issues to their hobbies and favorite music.

It groups caregivers and potential caregivers into seven personas, ranging from career caregivers to retirees and including some surprising options to tap for caregiving roles, such as:

- Young adults aged 18-24, whom the report says are "looking for jobs that don't get in the way of life"
- Young women with multiple children who put family life first
- Single moms who move a lot and value flexibility and the opportunity to bond with clients
- Empty nesters seeking community connections and spending money
- Female retirees who make great caregivers because they sync well with clients

There is a growing effort to articulate the meaningfulness of caregiving work, and to find more workers—including in unusual places or demographics—that pitch might appeal to.

HEMOCARE ASKED THE EXPERTS



**Bill Dombi, President
NAHC**



**Brandi Kurtyka, CEO
MissionCare Collective**



**Jeff Salter, CEO
Caring Senior Service**

“We see agencies focusing on recruiting one and only one type of caregiver, and this study unpacked and found essentially seven different personas or faces of who’s working in caregiving,” Kurtyka said. “And that’s where I think there’s a sea of opportunity, because if you look at the recruitment ads and how people are recruiting, they’re focused on one segment and not paying as much attention to these other six segments. And that was a big “ah-hah!” for me in the research.”

Salter agreed, saying using the information effectively will require agencies and human resources (HR) departments to make a “fundamental shift in their hiring practices.”

“We’ve got to retrain our frontline employees that are doing the hiring, because they would look right past (a retiree, for example),” Salter said. “And it’s not because of age discrimination, it’s because they’re looking for someone that wants to do this as a career.”

Dombi said that agencies should pay more attention to applicants who are 65 and older because they’re already the largest sector of the U.S. population. They may not be looking at want ads, he said, but they might respond if someone reached out to senior centers or other locations seeking active elders with a desire to fill their time with meaningful work.

“I think the study’s just really a wake-up call to our industry and it dovetails into kind of natural societal movement of the way that we treat and pay attention to workers,” Dombi said. “The workforce of yesterday is completely different than today. We saw that transition happen into the baby boomer generation and now we’re seeing it again.”

Hiring, Conversion & Retention Problems

Salter said it’s easier than ever to recruit caregivers today. In fact, in some ways, it’s too easy, and homecare organizations are suffering from what he dubbed the “Indeed Effect.” That is, he explained, because it only takes a click to apply for a job, the number of applicants for each position has skyrocketed—but many aren’t qualified or aren’t otherwise a good fit.

“When you have a caregiver that’s able to apply for 20 jobs with the click of a button, you end up creating a workload on 20 companies because 20 companies have to do something with that applicant,” Salter said. “Some are really good at the follow-up and they follow through. Some might not be, but in the end it creates a large workload and a burden to those 20 companies.”

Often, Kurtyka said, there’s also a gap between what business owners understand about hiring—say, that nontraditional demographics could be valuable, or that applicants need a response within 24 hours—and the way their staffs are actually operating on a day-to-day basis.

“There can be a very large disconnect between those two populations,” she said.

“I hear, ‘We reach out to applicants right away,’” she explained. “No you don’t! We can see the data. Applicants sit there three days, four days, seven days. ... A lot of times it boils down to training for the office staff. It’s not that they don’t care, but a lot of times they’re just not trained in it.”

Salter said training programs for caregiving hires are also an area of concern for the industry. Training has always been a priority, of course, but



MONEY STILL MAKES A DIFFERENCE

90%

of caregivers do not have an active credit card

61%

of CNAs and 59% of caregivers have \$0 in discretionary income

54%

of homecare workers depend on some kind of public assistance

Source: *The State of the Direct Care Workforce*.

transitioning service workers or others who don't have direct care experience into productive health care careers will require a mental shift for hiring officers.

"It's going to be a lot of change for our industry and a lot of change for the individual companies to really grapple with that new kind of paradigm," he said.

And once they're trained, it's critical to keep employees engaged and feeling connected. It's estimated it costs about \$2,000 to recruit and train a caregiver—money that employers can't afford to waste with high turnover.

"It would seem that that the lowest hanging fruit relates to retention rather than recruitment," Dombi said. "You know, you've got somebody on board and if the job fits for them and you treat them right, they'll stay on. Even if they're somebody who's going to be a short-termer rather than a career caregiver, getting a year out of somebody who might otherwise be there six months still brings a tremendous amount of value."

Kurtyka said that turnover continues to be a major issue across the industry and has widespread repercussions, as organizations who

work with MissionCare have seen in their hiring data.

"We were helping millions of people connect to jobs each year," she said. "And a lot of those people were going out the back door faster than they were coming through the front door. And at the end of the day, it's not good for the worker, it's not good for the provider, it's terrible for patient care."

A Call for Awareness & Pay

While there's no silver bullet for keeping people on staff, Kurtyka said, showing appreciation is important. For some types of workers, things like praise and gift cards can help. But ultimately, pay is probably the best answer.

"At the end of the day, homecare's a really isolating role. It's a hard job," she said. "The reality is 53% of our direct care workforce is on some form of public assistance. Money goes a long way. And the reality is, it's not hard for these individuals to find a job that's earning more money. We 100% need to engage folks, but we also really need to give them a reason to stay."

Dombi said there are ongoing efforts in Washington and at the state

level to help increase reimbursement rates and offer some businesses more margin for caregiver salaries, but private pay wages also should be considered. Initiatives include the Better Care Better Jobs Act introduced earlier this year and a Credit for Caring Act that may be reintroduced this session.

"(We) have to look at both of those in order to improve the workforce," he said. "And compensation is one of the areas that can be addressed through policy or through regulatory action, but particularly legislatively, both on the state and on the federal level."

Beyond policy, he said, the public needs to better understand that homecare is a meaningful job and that it brings respect. Salter and Kurtyka agreed, saying homecare has a great story to tell.

"Nobody can do this alone. We have to work together," Dombi said. "We have to collaborate; we have to recognize it's multi-dimensional—but I think the passion we all have for caring for people in their own homes will drive us to success." **HC**

Hannah Wolfson is the editor of HomeCare media.

How to Help Them Be Where They Are

7 ways to ensure you have engaged employees

By Katie Zabriskie

"They're here, but they're not here. My staff isn't committed, and it's obvious to me and our customers. We're in trouble."

"To say that initiative is lacking is an understatement. My staff doesn't think beyond the basics. If they hit a wall, they stop. The idea of looking for a window never crosses their minds. It's frustrating!"

"Maybe it's them. Maybe it's me. Our team just goes through the motions. I wish there were a magic formula to get our people focused and motivated."

While there isn't an instant solution for increasing enthusiasm, focus, and initiative, there are steps any leader can take to orchestrate success. Let's look at some of them.

Whether you call it mission, purpose or something else, employees need to have a solid understanding of the organization's why, the team's why and their why.

1 Communicate the direction.

It's hard for people to reach a destination if they don't know what it is. Whether you call it mission, purpose or something else, employees need to have a solid understanding of the organization's why, the team's why and their why. Leaders who promote engagement regularly can connect day-to-day tasks and expectations with the bigger picture.

Work on creating clear lines of sight. For instance, "Debbie, we're here to service members. Everything we do should help our members get the most from our conferences. As the registration clerk, it's important for you to accurately register members and send their

confirmation documents within two days of receiving a request. Our goal is timeliness and accuracy."

2 Delegate responsibility & authority.

Once people know the direction, good leaders give them responsibility and tools they need to execute the plan. Will everything be done exactly as the leader would do it if he or she were to take on the task? Doubtful. However, great leaders know when to step in and when to stand back and let others own their work.

"John, your job is to manage customer returns. While I have guidelines for you to follow, you can decide and then let me know how you will organize your work."

3 Recognize good work & the importance of others.

No matter their role or level in an organization, people like to be appreciated and recognized. Whether someone is a vice president or a temporary worker, leaders who engage their teams communicate the idea that everyone has an important role. Take the time to articulate how others contribute.

"Eric, you are the face of the office. When people visit us, you are the person who sets the tone. Thank you for taking pride in the appearance of the reception area and screening visitors in a frieway that doesn't feel like an interrogation. You're nailing it."

4 Support stumbles.

Slips, trips and falls will happen when people solve problems, and leaders who engage their teams to the full capacity have the good sense to support the stumbles employees will inevitably encounter. In other



words, it's about having the maturity to get beyond blame and focus on what to do differently in the future. Do you assume the best? Do you steer clear of throwing others under the bus? Do you treat errors as learning opportunities? If not, you've got some room to improve.

"Jose, the event did not go as you had hoped, and now is the time to learn from the experience. In hindsight, what could have been done differently?"

5 Instill a sense of calm & certainty.

Without a clear course, employees spend a lot of time worrying and focusing on what-ifs that may never happen. But with a sense of certainty, people's shock absorbers function at maximum capacity. A leader with a plan reduces fear, uncertainty and stress. The plan can be short term and

it can change, as long as it's there and communicated. Do you do all you should to keep people in the loop?

"Folks, we're in a period of transition. We have several companies interested in acquiring us. Nothing has been decided, and for the next two months, we're going to operate as usual. When I get information to share, I will share what I know. Until then, if you have questions, ask. Our top focus today is hitting the numbers on our secondary production line."

6 Promote a level playing field.

Fairness trumps favoritism every time, and people will stick with a leader through some horrible circumstances when that person is a straight shooter and doesn't favor some over others. Stay mindful of what's fair and think about how your team will perceive your actions.

7 Address problems.

Engaged teams eschew mediocrity, and the people at the top have high standards for everyone. When problems occur, leaders who engage confront them head on. If you have conversations you've put off, now is the time to reset and communicate what's expected.

Leaders who engage don't do so by accident or without work. If you want to jump start or refocus your team, start with these seven steps. With some deliberate effort on your part, you should start seeing results. **HC**

Kate Zabriskie is the president of Business Training Works, Inc., a Maryland-based talent development firm. She and her team provide on-site, virtual and online soft-skills training courses and workshops to clients in the United States and internationally. For more information, visit businesstrainingworks.com.

Stay Ahead of the HR Curve

7 trends for health employers in 2023

By Peretz Rapoport

Health care human resources (HR) is a constantly evolving field. To be successful, you must work hard to understand and implement new processes and policies suitable to today's unpredictable labor market. Trying to stay ahead of the game is stressful and hectic. Thankfully, there are some clear HR trends emerging in 2023 that you can use as a guide.

HR's Changing Role

In the past, human resources was largely considered part of an organization's administrative wing. However, HR's role has evolved over the years, expanding to encompass recruitment, development and learning, performance management and so much more. The COVID-19 pandemic served as a catalyst for even more substantial changes in the health care HR field.

One of the biggest changes that has developed as a result of the pandemic is that HR has taken on a key strategic role in health care companies. Navigating the transition to this new role requires you to innovate and develop new processes and policies to ensure day-to-day operations remain smooth. You may also need to abandon old processes that are no longer effective.

Transitioning to Human-Centric Human Resources

The COVID-19 pandemic also greatly changed the way employees view their work, with work-life balance, mental health and company culture becoming primary drivers of employment decisions and health care company transformations. This has brought about substantial changes in the way HR operates.

According to research conducted by McKinsey, the majority of chief human resource officers (CHROs) are eager to shift to a "back to human" model, which attempts to bring the core human element back to HR policies and processes amidst rapid technological advancements. Rather than relying on analytic models and metrics (as you may have in the past), HR teams are now expected to take a more people-forward approach to HR operations.

These key changes in HR's function have greatly influenced the HR trends for 2023 and are shaping how HR continues to evolve and settle into its new normal.

7 Important HR Trends for 2023

You don't have to feel like you're left to fend for yourself as you learn to adapt to the ever-changing

expectations of employees in the post-pandemic world. Consider seven of the most relevant trends that can help you navigate this new landscape.

1 Focus on people-centric culture & overall well-being.

Culture is one of the most important factors in employee recruitment and retention in the health care workforce, with company culture remaining a primary reason caregivers leave their positions.

Therefore, consider adopting a people-first culture that proactively addresses and protects your employees' overall well-being.

Initiatives in this area can include:

- Providing mental health resources
- Assisting with financial needs
- Fostering physical health
- Prioritizing a healthy work-life balance
- Improving communication

2 Implement remote & hybrid work policies.

Many workers in the field went fully or partially remote during the pandemic, and many wish to continue virtual work as the world recovers. Therefore, consider offering remote or hybrid work policies to stand out among the competition and recruit and retain talented staff.

3 Adopt DEIB in your workplace culture.

Implementing diversity, equity/ equality, inclusion and belonging (DEIB) is important for eliminating bias, discrimination, and harassment in favor of an inclusive and diverse workplace that promotes growth and innovation.

Instead of just going through the motions as many companies do,



Culture is one of the most important factors in employee recruitment & retention in the health care workforce, remaining a primary reason caregivers leave their positions.



you can stand out by integrating a quality DEIB program into your organization's culture and structure. To do so, it's best to use objective, quantifiable metrics to track and respond to relevant data.

4 Use data & algorithms for decision making.

Though HR no longer centers around metrics for HR provision, you can still use algorithmic managers and data collection to make informed decisions. You should be sure you don't integrate existing biases in preexisting HR data to promote DEIB principles.

5 Provide child care benefits.

Working parents make up a large portion of the health care workforce, and the financial and mental stresses of child care remain a huge barrier to employment and retention. In 2023, consider focusing on providing some kind of child care benefits, such as child care reimbursement or onsite child care.

6 Improve working conditions for deskless workers.

It's important not to forget your "deskless" workers—frontline care-providing workers who must be physically present to do their jobs, such as caregivers, nurses and therapists.

The recent 2022 State of Deskless Work Report from Skedulo revealed that over half of deskless workers would leave their job to gain access to more flexibility and autonomy, even choosing those positions over one that would pay them 10% more.

To stay competitive and attract top talent, consider upgrading the employment experiences for your deskless workers with policies that promote:

- Opportunities for career advancement and promotions
- More flexible scheduling
- Better integration of technology
- More prioritization of work-life balance
- Improved communication and inclusion in company processes

7 Invest in employee development & education.

In today's labor market, lower-wage homecare workers continue to prefer employers who offer advancement opportunities. Forward-thinking HR teams have responded by investing in leadership development efforts for their employees. This trend looks on track to continue in 2023.

What can you do to keep up? Make sure your HR department widely promotes its leadership and workforce development programs, including:

- Skills sessions
- Training programs
- Mentorship opportunities
- Interactive leadership development experiences **HC**

Peretz Rapoport is vice president of product at Empeon and has been a stalwart of the payroll and HR software industry for close to 15 years. Rapoport's deep understanding of the health care industry has allowed him to guide the development of industry leading software that meets the complex challenges of the health care industry head on. Visit empeon.com.

You Can Teach Old Providers New Tricks

Adoption soaring for electronic prescribing, report shows

By Brandon Zaharoff

With the recent shift toward recovery and long-term care at home, homecare providers are facing staffing shortages and pressure to deliver quality care. Between overseeing the transition from acute care to the home, managing medications and durable medical equipment (DME) and coordinating with doctors and family members, homecare requires a great deal of focus on each patient. But there is something that can help streamline the process.

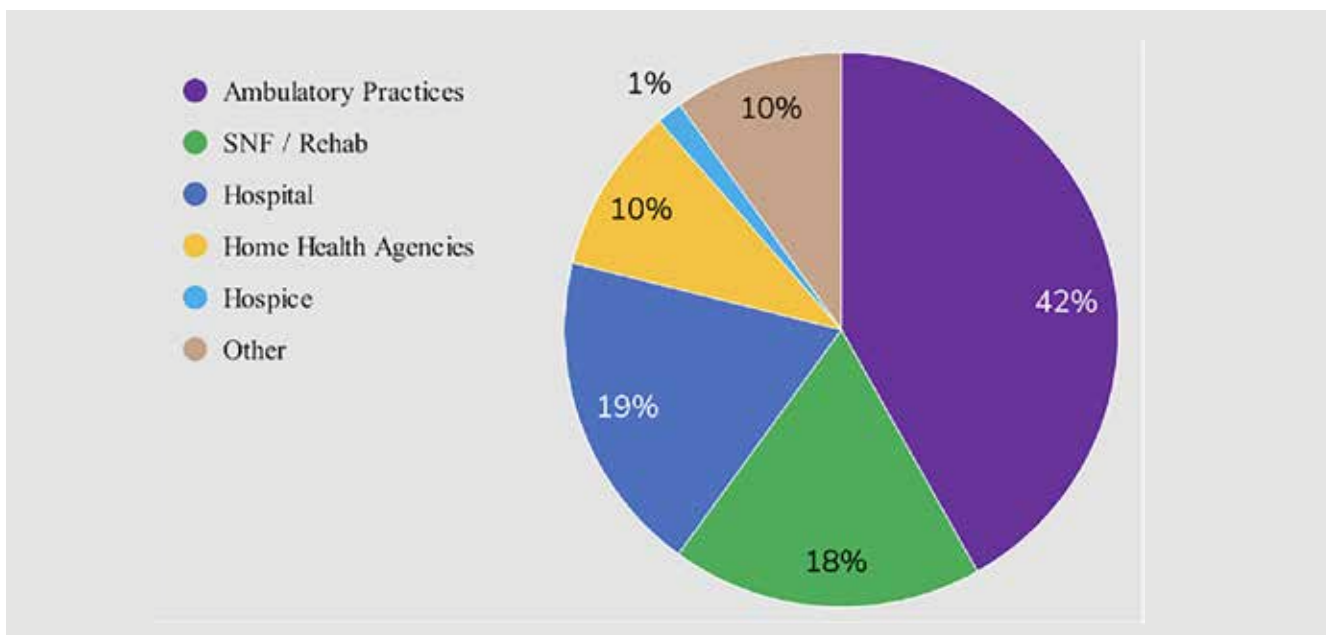
E-prescribing for DME supplies and services is helping health care providers maintain the focus on patients—with transparency and modern communication that’s not possible with traditional fax-based processes.

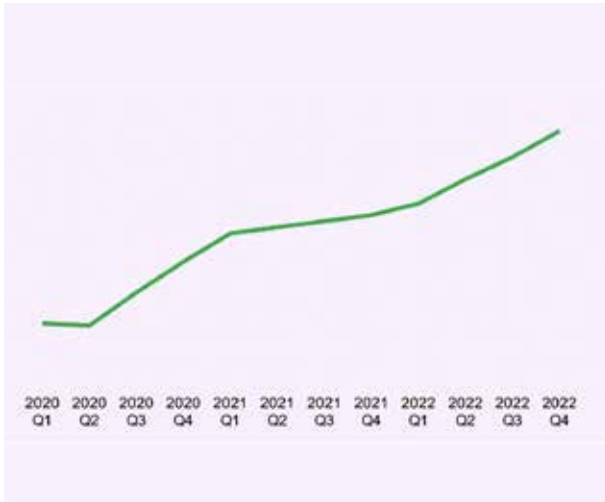
At Parachute, we recently published the “Parachute Health State of DME e-Prescribing” report, which provides insight into who has adopted the practice and which DME categories are leading the way.

The Ordering Burden

Ordering DME and supplies is a critical but avoidable bottleneck. Many providers are forced to rely on outdated faxing that is almost always followed by phone follow-ups with the supplier to complete order documentation and coordinate delivery. While some electronic health records (EHRs) and homecare software offer e-fax solutions, there is still a lack of coordination with the supplier and health plan. Not only is

In 2022, almost a third of the company's orders came from acute care and home health providers. Graphics courtesy of Parachute Health.





DME e-prescribing continues to gain adoption in the post-COVID era, with growth in physician prescribing up 45% over the past year.

traditional DME ordering time-consuming and inefficient, delays and lost orders can put patients at risk.

Additionally, in the post-COVID-19 shift from inpatient to in-home care, patients need more types of DME and supplies in their homes, from oxygen and mobility equipment to incontinence supplies, and often require more complex supplies such as ostomy and urology products. Recent technological advances—especially for diabetes management—require more prescriptions, coordination with more doctors, keeping up with evolving qualification criteria and having the right forms on hand for each supplier’s order.

The Solution

The great news is that DME e-prescribing is a way to help alleviate the DME ordering burden and improve patient outcomes. It’s here. It’s being adopted across the country. Parachute alone has more than 54,000 clinical facilities across all 50 states e-prescribing on the Parachute Platform. Why?

DME e-prescribing brings together care providers and suppliers with visibility into health plan requirements for an order to deliver needed DME to the patient fast and reliably. With this transparency, order status updates and time-saving modern digital communication, DME e-prescribing is gaining adoption across all settings of care.

It’s Here to Stay

While DME e-prescribing was first adopted in doctors’ offices, facilities took notice and are now building it into their case management workflows. Many start with secure ordering in an

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WHAT'S INCLUDED IN ORDER CATEGORIES FOR DME E-PRESCRIBING :

Mobility & Ambulatory needs: Manual and power wheelchairs, walkers, rollators, canes, hip kit and accessories

Hospital Beds: Hospital bed packages and accessories, including slings and lifts

Oxygen: Home oxygen setup, portable oxygen concentrators and accessories

CPAP & BiLevel: CPAP & BiLevel packages, accessories, pressure change service and resupply

Nebulizers: Nebulizer packages and accessories, Acapella machine, and nebulizer meds

Suction/Tracheostomy: Suction machines, tracheostomy packages and supplies

Ventilators: Non-invasive and invasive ventilation packages

Testing & Monitoring: Home sleep and overnight oximetry tests, prothrombin time/international normalized ratio monitor and others

Diabetes: Glucose meters, continuous glucose monitors, InPen, insulin pens and syringes and insulin and supplies

Enteral: Nutritional formula and enteral packages

Orthotics: Braces, splints, pneumatic walker, and hearing aids

Wound Care: Negative pressure wound therapy and wound care supplies

Breastfeeding: Breast pumps and supplies

Incontinence: Diapers, liners and other supplies

Ostomy: Pouches, skin barriers, and accessories

Urology: Catheters, catheter holders, bags and accessories

Source: *The State of DME Prescribing 2022*

DME e-prescribing is a way to help alleviate the DME ordering burden and improve patient outcomes.

Transparency Aids Transitions

As more patients are transitioning to homecare for recovery and long-term care, hospital discharge planning and coordination is becoming more of a bottleneck. The workflows in a DME e-prescribing platform guide case managers through the order quickly to create a clean and complete order every time, with no telephone follow-ups required. The equipment is delivered to the patient in the hospital or to their home and the homecare agency has visibility into discharge timing to help coordinate first home visits.

Benefits for Homecare

In the homecare setting, the provider can access a secure, HIPAA-compliant and HITRUST-certified platform online, order from their preferred supplier or find a new one and track the order through to delivery. The connectivity across sites of care allows the entire clinical team and the patient's physician to see what's received in the home.

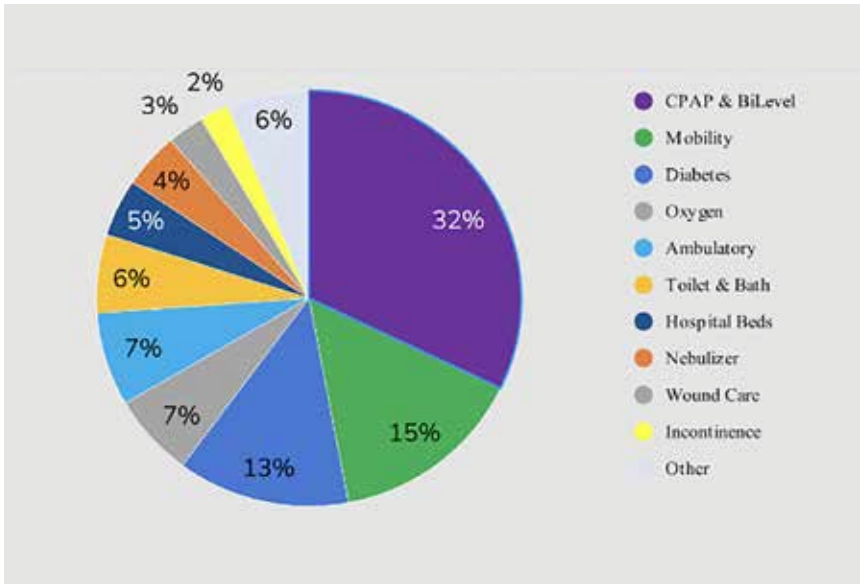
How to Select a Platform

Critical to an effective DME e-prescribing solution is the network. For collaboration

online platform, and then integrate with their EHRs. A growing number of hospitals and home health agencies have made e-prescribing central to their workflows, reducing DME-related discharge delays and expediting the transition to homecare.

Some things they find are:

- **Improved clinician satisfaction:** Case managers have all the forms to submit the required clinical documentation for a patient's order right in the platform, in an average of three minutes. With EHR integration, orders are as fast as one minute. The clinician can sign the script quickly, often in seconds.
- **Faster hospital bed turnover:** Patients ready to be discharged no longer have to wait overnight for medical equipment delivery or setup in their home. Not only can the order be completed quickly, but the discharge team also has visibility into order status, to know when it was accepted and scheduled for delivery.
- **Better care coordination:** Digital communication means questions can be answered right away without playing phone tag with busy clinicians or waiting on long phone holds. Follow-up visits can be scheduled with visibility and alerts for all providers tagged on an order.



Top categories ordered on the Parachute.

across care settings, a large network spanning the entire U.S., with users across care settings and with the flexibility to order online or with live integration to any EHR is essential.

The “Parachute Health State of DME e-Prescribing” report shares adoption numbers: more than 54,000 clinical facilities and 2,400 supplier locations across all 50 states. Empower your care teams with the right DME e-prescribing solution to order from any vendor and achieve optimal outcomes for patients. **HC**

Brandon Zaharoff is the senior vice president of strategy for Parachute Health. He facilitates digital transformation for channel partners across medical equipment and supplies as well as providers across the full range of clinical and homecare settings. Zaharoff’s focus is helping accelerate DME e-prescribing to improve provider experiences and patient outcomes. Visit parachutehealth.com.

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Sock It To Them

Tips for training your team to more effectively sell support garments

By Caroline Pinney

Brick-and-mortar retailers are often frustrated when customers use their stores as a showroom for their later purchases online. But what if it turns out online price cutting isn't the reason your customer decides to leave your store and shop online instead? What if you could manage to keep more of your sales in-house by investing

more into your employees' education and training?

Compression is not something you can just put on the shelf and watch people buy. It takes knowledge, education and expertise about compression products and the key categories they serve to be successful. You want referral sources and customers to have

confidence in your ability to choose the right product for each individual patient. That expertise is what gives you value. Be that compression expert! Becoming a compression expert will take commitment to education and training—but it will make you a standout compression destination.

Why is educating your staff so important?

Investing the time and effort into training and educating your sales staff has never been more essential to the growth of your business in this ever-changing environment. Customer service will separate you from the national chains and the big box retailers.

An essential part of customer service is education. Your staff needs to be proficient at explaining the features and benefits of products so customers can make educated decisions on what product will work best for them or for the loved one they are shopping for.

It is important to think about creating a package solution for disease management. You are offering the product, the education and the ongoing support to help your customer have the best chance for successfully managing their condition.

It is important to know your compression products and believe in them. Lead by example! Wear the product yourself to demonstrate that you see the benefits of compression and explain what those benefits are.

How can you educate your team?

It is important to partner with product sales representatives from the companies you choose to work with and learn all you can about each product in each category. You will need to be able to present a good, better and best option for each product that you present to the customer. Each product will have features that need to be articulated into benefits.

Keep it simple—don't oversell the product, just remember to focus on two or three features and their benefits.



Compression is not something you can just put on a shelf & watch people buy. It takes knowledge, education & expertise.

In-service meetings with sales representatives are a great way to familiarize your staff with a vendor's product line. Many vendors also offer educational seminars on disease states that pertain to their product line. Webinars are another quick and easy tool to help get a basic understanding of pertinent disease states.

How does education create sales?

Customers will appreciate being given choices that are customized to their

individual needs. They will trust you, and they will come back.

Our customers are looking for one-stop expertise to help them achieve a successful outcome. Your staff will separate themselves from the rest if they concentrate on education, product expertise and ongoing support. Customers see the difference, feel the difference and appreciate the difference.

If you put effort into it, referral sources will eventually come to see you as a compression destination and have the

confidence to send people your way again and again.

Amazing customer service is a big part of what physical retailers offer. Retailers that want to survive will invest in offering their customers an experience they can't find somewhere else—an experience that includes follow-up calls, teaching a patient how to don and doff the garment, explaining how to care for the garment and helping them understand the importance of compliance.

So sock it to them with education and excellent customer service! **HC**

Caroline Pinney is the national education and training manager for Juzo, Inc. She has developed and implemented numerous educational programs and participated in direct sales training for company sales representatives, dealers, therapists, nurses and distributors. She is a certified Juzo fitter in both Juzo Germany and Juzo USA. Visit juzousa.com.

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Creating Good Compliance Habits

3 steps to set your organization up well

By Cora Colvin

For durable medical equipment (DME) suppliers, the CMS accreditation process can seem like a hassle. It's another box to check in the already arduous process that's required in order to bill Medicare.

It's true that some effort is required to achieve CMS accreditation. Yet with the right approach, the process can not only be streamlined, it can also provide broader value by offering a useful tool for monitoring key components of your business—and improving your operations in the bargain.

Accreditation standards provide a strong foundation for good service, quality

care and compliance. For example, CMS-approved accrediting organizations provide very detailed standards to their clients—including guidance as to what an inspector will review during an audit. You can use this guidance as the basis for an internal tool that supports the monitoring of key aspects of your organization that impact quality and compliance.

A critical first step to building that sort of tool is to bring your operations and compliance leaders together to develop accreditation-readiness protocols and the foundational standard operating procedures

that set the tone for accreditation compliance throughout the year. When components of your accreditation standards are incorporated into the current key performance indicators (KPIs) being monitored by leadership, you will save your organization the stress of the last-minute push to be survey-ready, while also adding valuable operational protocols that are focused both on compliance and also overall quality.

By following these three steps, you can achieve accreditation readiness by incorporating accreditation standards into your daily business practices:

- 1. Incorporate** the performance improvements standards from accrediting bodies as part of your operational foundation.
- 2. Measure** your progress by using the standards to guide your internal monitoring and auditing.
- 3. Craft** your annual written report based on the results of that internal monitoring.

Your accrediting body likely requires your organization to identify a performance improvement program that includes organizational tracking of KPIs, one being the quality of service and/or care provided by your organization. KPIs are expected to be measured, analyzed and communicated across the organization from the top (that is, the governing body or owner) down to branch or warehouse staff.

We recommend taking the performance improvement standards and aligning them with the current management KPIs that are being measured, and communicating this throughout the organization at least once a quarter.

For example, bring the performance improvement standards to your strategy planning meeting for the upcoming year and take time to identify personnel who will be responsible for ensuring the annual goals are structured in alignment with the guidance provided by your accrediting body. By doing this, your annual goals and



future management meetings will have important accreditation components baked right in.

Good Habits for Compliance Culture

- Ensure the goals and performance improvement indicators being monitored are communicated to appropriate staff.
- Set a regular cadence for data reporting and review.
- Include the data and analysis in your already-established quarterly leadership meetings. If your organization does not currently have quarterly leadership meetings to review performance, it is critical to establish them.

While each accrediting body has its own unique approach to credentialing and auditing its clients, they have also developed largely consistent standards that can be used for internal monitoring and auditing within your organization. As you work to adopt those standards, we strongly recommend involving your compliance department.

First, work with your compliance department or staff member to identify the high-risk processes or areas that have been identified as deficient during previous surveys or audits. Then, create an internal monitoring and auditing cadence that sufficiently addresses the risk. It is also best practice for the operations teams to self-monitor and report their findings to the compliance department monthly. The people responsible for compliance should then conduct quarterly audits based both on risk and the reported outcomes from the monitoring being conducted by the operations staff.

By incorporating these monitoring and auditing practices into your current operations procedures, you will reduce the amount of effort required when you prepare for reaccreditation.

Your accrediting body likely requires an annual written report that is comprehensive and describes the performance improvement activities, findings and corrective actions that relate to the care and service provided by your organization over the past year. By implementing the performance improvement, auditing and monitoring steps above into an ongoing process, your organization will have already collected important data that is required for your annual written report. Simply summarize these quarterly reports into a single report and a significant portion of your annual report is complete.

It can be just that simple! **HC**

Cora Colvin, MBA, CHC, is a regulatory and compliance professional with more than 13 years of experience in the health care space. She recently served as the chief ethics and compliance officer and chief privacy officer for a large medical device company. In addition to her health care compliance background, Colvin has extensive experience working with state regulatory agencies and licensing compliance for pharmacy, the Drug Enforcement Agency, the Environmental Protection Agency, food, liquor, drug manufacturing, distribution and durable medical equipment. Visit hpsadvice.com.

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CPAP

In this directory, HomeCare delivers a monthly breakdown 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 CPAP machines, masks and cleaners. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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ResMed
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resmed.com

Resvent USA
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Sunset Healthcare Solutions
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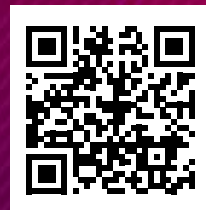
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1 CareMate

ALGORITHMIC INTUITION

CareMate's remote patient monitoring platform offers continuous vital monitoring and fall detection. The device is unobtrusive, waterproof and designed for comfort. CareMate brings relief to care teams and peace of mind to families and empowers better care for seniors. Keep track of health changes for clients using CareMate technology, which records vitals (heart rate, electrocardiogram, respiratory rate and skin temperature), activities (time spent moving, sitting, lying down and walking) and fall detection. Updates providing real time data about a client's health and wellness are viewed via the CareMate mobile application or dynamic dashboard.

care-mate.co



2 Memory Care Box

CONNECTIVITIES

Connectivities is an innovative memory care toolbox supporting a variety of therapeutic goals and geared at helping caregivers form more meaningful, mindful connections with patients with dementia and Alzheimer's. Each box includes activities guiding participants through simple tasks using crafts, puzzles and games. The activities are designed by a dedicated staff of educators, a registered nurse and occupational and music therapists to incorporate therapeutic goals, build neuroplasticity and boost the brain's ability to change, adapt and make new connections. Connectivities boxes are available as a single purchase or a monthly subscription program. Larger boxes are also available for resident group settings.

connectivities.us



3 Single or Double Portable Breast Pump

BABYBUDDHA

BabyBuddha's pump is the smallest battery-powered breast pump on the market with hospital-grade power. Its lightweight frame and wearable lanyard make moving around while pumping a breeze. Operating the BabyBuddha pump is easy: Simply recharge it and use the trackball to navigate through the 14 different comfort modes and land on the correct one with a simple swivel of the thumb. Its quiet mechanism makes for discreet and silent pumping, and the pump's unique suction pattern mimics the suction pattern of a baby to increase breast milk production.

Babybuddhaproducts.com



4 Dawn House

ERGOMOTION, INC.

The Dawn House bed is an integrated sleep system that offers older adults and people with changing needs the opportunity to stay safely at home through the unique pairing of multiple bed features: underbed motion lighting, adjustable height, optional support rail, voice command console, rise to wake, anti-snore settings and passive sensors that measure the micro-vibrations of your sleep levels, heart rate and variability, respiration, movement and more. The sleep system includes the Dawn House app, which works with the sensors in the bed base to provide reports on your health metrics, which can be shared with a loved one or medical care professional.

dawnhouseliving.com

PERS

1 Belle X

FREEUS

Belle X is certified on AT&T and Verizon 4G LTE networks for nationwide coverage. Belle X is the first mobile personal emergency response system (mPERS) to feature artificial intelligence. Its automated virtual assistant, AVA, speeds up response time in an emergency and provides a higher level of care to your customers. Specialists can locate users with Wi-Fi and GPS location services and view user-provided information, such as lockbox location and allergies. Belle X includes the latest fall detection technology and a simple fall cancellation feature.

freeus.com

1



2 Care@Home PERS+

ESSENCE SMARTCARE

The Care@Home PERS+ advanced emergency response provides seniors with the confidence of advanced monitoring and alerting capabilities, allowing them to live independently in their own homes while providing peace of mind for their families. Based on the Care@Home comprehensive aging-in-place platform, it utilizes nonintrusive sensing devices and dedicated software. The solution monitors and learns from users' daily activities to identify unusual events or inactivity and alert caregivers or guardians in case of emergency. The system is easily installed in any home and can be tailored with a variety of safety peripherals, including fire and flood detection and extreme temperature warnings.

essencesmartcare.com/solutions/independent-senior-living/

2



3 SMPL Motion Sensor & Pager

LS&S, LLC

The SMPL sensors and pagers are a local and expandable alerting system that allow a caregiver to monitor the movements of a loved one in their own home within a range of 100 to 200 feet from the caregiver. A base combination must include at least one pager and one sensor. The pager can be clipped to a belt or tucked away in a pocket. Alerts allow a caregiver to know if a loved one has risen from bed, is passing near a stairway or has gone into a hallway. Door alerts notify the caregiver any time a specific door has been opened. Help pendants can be worn by the individual to call or page the caregiver. No Wi-Fi or service fees required.

LSSproducts.com

3





4

4 Sidekick Smart

LIFESTATION

LifeStation offers a suite of medical alert systems to provide protection and emergency assistance to seniors whether they are at home or on the go. The Sidekick Smart is a custom-designed smartwatch for seniors who need the key benefits of a medical alert system housed in a stylish wearable. Call for emergency help, track steps and monitor heart rate all in one small device. The AT&T 4G-LTE network allows monitoring from anywhere in the U.S. This device is water resistant and can be worn while showering, washing hands or watering plants for 24/7 protection. This device works with Alexa apps to track one's location in real time.

lifestation.com/pdp-sidekick-smart

5



5 Fashionable Bluetooth PERS

TRELAWEAR INC.

Trelawear offers the first jewelry-inspired metal Bluetooth personal emergency response pendants that destigmatize wearing an emergency alert device (PERS). Women can style their pendant differently every day, dressing it up or down, wearing it long or short, or even attaching it to their favorite belt or handbag. It's a fun and fashionable solution to a serious problem. No equipment is necessary, no contracts, no cancellation fees. All you need is your phone to download the free FallCall Detect app and sign up for an affordable monthly monitoring service plan for \$9.99 or \$19.99 per month. Trelawear combines reliable and effective technology with great design to make women look and feel beautiful while keeping them safe.

trelawear.com

6

Connect America[®]

6 Medical Alert Service

CONNECT AMERICA

A medical alert system from Connect America is ideal for anyone who would like peace of mind by getting 24-hour protection in case of a medical emergency, fire or break-in by simply having a help button. It is especially for older adults or seniors who live alone and, as shown by studies, are more likely to suffer a fall at home. Our help button can also be used as a panic button. This emergency response system is available with fall detection, which alerts an operator in the event of a fall even if you are unable to push your help button.

MedicalAlert.com

WOUND CARE

1 DrySee waterproof bandages

DRYSEE

DrySee is the only waterproof bandage with liquid intrusion technology that provides a visual alert if water breaches the seal. You can shower, swim and go about activities with confidence that your wound is protected. If liquid does breach the seal, the perimeter band will change color prior to reaching the wound site, so you know it's time to change the bandage. A DrySee bandage allows for immediate post-operative showering with confidence.

drysee.com

1



2 C-Section Dressing System

MOTIF MEDICAL

The C-Section Dressing System was designed specifically to help heal and protect your c-section wound and aid in scar prevention. The breathable dressing system is designed to conform to your body, creating the optimal healing environment and providing comfort throughout postpartum healing.

motifmedical.com



2

3 PillowSheets

PILLOWSHEETS

PillowSheets products have built-in pillows at the locations most commonly used to position patients at risk for skin breakdown. As the only patented bedsheet to eliminate loose bedding by integrating a pillow system within the fitted sheet, PillowSheets evenly distributes pressure, relieves vital pressure points and offers total body support. Our custom "elevate" foot pillows aid in the reduction of swelling and promote circulation. Ideal for pressure sore prevention and wound care.

medtechsuites.com

3



4 WoundZoom Core

PERCEPTIVE SOLUTIONS

Designed to address the inaccuracies and inefficiencies of the manual wound documentation workflow, WoundZoom Digital Wound Management delivers a more accurate and efficient method of measuring, documenting and tracking patient wounds to enable more efficient and vigilant wound care. With two solutions, WoundZoom and the recently released WoundZoom Core, health care providers now have greater flexibility to choose the optimal digital wound management solution that aligns with their needs. Launched in December 2022, WoundZoom Core is a light digital wound management offering that provides 2D wound measurements, wound assessment and patient-level wound healing insight.

perceptivesol.com

4





5 Ankle Keeper

ULCER SOLUTIONS, LLC

The Ankle Keeper is an effective and comfortable offloading device for the prevention and treatment of pressure ulcers on the ankle bones (malleoli). It has an innovative elastic ankle sleeve with a physician-designed U-shaped foam cushion that protects the ankle bone. The unique shape of the foam cushion is designed to allow lymphatic and edema drainage in the physiologic direction toward the heart, minimize edge effect and offload the ankle bone. The sleeve is discrete and can be worn with most shoes, alone or over compression garments, allowing complete freedom of movement.

ulcersolutions.com



6 DermaBlue+ Foam

DERMARITE

DermaBlue+ Foam is a highly absorbent vertically wicking foam primary dressing embedded with three proven antimicrobials—methylene blue, gentian violet and silver zirconium phosphate. DermaBlue+ Foam provides sustained exudate management and broad-spectrum antimicrobial protection for up to three days. DermaBlue+ Foam helps inhibit the growth of biofilm by absorbing exudate and killing the microbes within. The Advanced Capillary Action foam effectively wicks exudate vertically into the foam, providing an optimal wound healing environment. Compatible with enzymatic debriding agents. For use on moderate to heavily exuding partial to full thickness wounds, including pressure and leg ulcers, diabetic foot ulcers, graft wounds, donor sites and surgical wounds.

dermarite.com



7 Swift Skin and Wound

SWIFT MEDICAL

Swift Medical is the world leader in digital wound care. Its AI-powered wound imaging and management technology is used by more than 4,100 health care facilities across the continuum of care to improve the prevention and treatment of wounds. In home health, its solution has been adopted by some of the largest agencies to improve the quality and cost of wound care delivery, which has resulted in reduced hospitalizations, improved healing times, reduced visit utilization, empowered clinical collaboration and enhanced staff satisfaction.

swiftmedical.com



8 WoundExpress

HUNTLEIGH

WoundExpress is a new, innovative adjunctive therapy for lower limb wounds that can improve healing rates and reduce pain. It is a thigh-administered intermittent pneumatic compression (IPC) device with a patented sequence of compression using low-pressure air to deliver therapy. Each chamber provides 60mmHg of pressure. It has shown a 93% improvement in hard-to-heal leg wounds and a 94% reduction in pain related to venous leg ulcers (VLUs). WoundExpress is comprised of a small pump and thigh garment. It is Medicare Part B approved and ideal for in home use. It is a VLU-specific IPC device that improves blood flow to lower extremity venous and mixed etiology wounds.

huntleigh-healthcare.us/woundexpress

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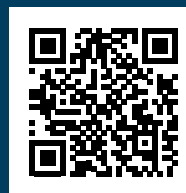
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- 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
- 21 Manager, Supervisor, Controller, Accountant, Purchasing Agent
- 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab Specialist, Other Licensed Medical Professionals
- 19 Sales/Marketing Rep, Mgr,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

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BACK TO SCHOOL

Moving Forward by Giving Back

The Griswold Foundation works to help caregivers continue their education

By Meg Herndon



With the U.S. population aging faster than the workforce can keep up with and a lack of proper support for caregivers, it is no secret that the homecare industry is facing a crisis. According to Home Care Pulse, the average caregiver turnover rate for 2021 was 64%—an issue for not just the industry, but for aging Americans as well.

The Jean Griswold Foundation is attempting to ease this issue one caregiver at a time. Named after Dr. Jean Griswold, a care professional who started the first nonmedical homecare franchise in the U.S., the foundation has set out to award \$100,000 worth of scholarships to qualified caregivers who want to continue their education in 2023.

“I believe it enhances job satisfaction for a caregiver, so the more they know, the more they can use those skills to better help clients,” said Maryanne Murray, chair of the

Jean Griswold Foundation. “We’re hoping, in general, to increase job satisfaction, increase skills and increase client satisfaction as well.”

The foundation seeks to honor Griswold’s legacy by passing on her values through the foundation and Griswold Home Care. The foundation was created in 2010 as a private nonprofit to support caregiving organizations. Until the beginning of the scholarship, funds raised were primarily awarded to individuals and programs dedicated to senior care. When the COVID-19 pandemic began and the need for in-home care became more crucial than ever, the foundation reorganized to focus entirely on care providers.

In 2022, the first year the scholarship was offered, the Griswold Foundation awarded a total of \$24,000 to 12 caregivers across the country. Multiple recipients used their scholarships to help with the cost of school to become licensed practical nurses and another used the funds for medical

school tuition. Since then, the foundation quadrupled the amount it intends to give away thanks to successful fundraising efforts. The total allocated to each caregiver will range from \$2,000 to \$10,000.

“It’s such a fantastic way to honor our founder and honor the caregivers who help older people stay safely in their homes,” Murray said. “That’s our whole mission. And this just enhances that process. We are so excited about continuing to raise money and giving out more scholarships.”

The process to apply for the scholarship consists of a single form of questions about the applicant’s personal and professional information and requires a recommendation letter. The deadline to apply is April 26. To apply or donate to the foundation to support caregivers, visit jeangriswoldfoundation.org/scholarship-program. **HC**

Meg Herndon is the managing editor of HomeCare media.

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