



HOME CARE & HOSPICE COVID-19 TOWN HALL
 Wednesday, May 13, 2020

Darin Szilagyi, FACHE, FHMFA, APR, Vice President, Marketing & Communications
 Sara Castillo RN, BSN, PHN, MSN, Chief Nursing Officer, SVP
 Dave I. Davis, RN-BC, BSN, MA, ACRN, Chief Clinical Innovation Officer
 Linda Tavel, MD MBA FAAHPM, National Medical Director Hospice and Palliative Care
 Joanna Ciampaglione, Senior Vice President Personal Care Services, East
 Jeff Franck, Senior Vice President, General Manager -PCS West and Central, MHC

AccentCare 


© 2020 National Association for Home Care & Hospice 1

Who We Are

AccentCare® Inc. is a nationwide leader in post-acute healthcare, with innovative partnerships and care models covering the full continuum from personal, non-medical care to care management, skilled nursing, rehabilitation, and hospice care.

24,500+ EMPLOYEES

- 2000 NURSES
- 1100 THERAPISTS
- 11 ATTENDANTS/AID
- 00 ES
- 1500 ADMINISTRATORS
- 0
- 26
- 00

AccentCare 

HEADQUARTERED IN **DALLAS** Texas
 FOUNDED IN **1999** Irvine, California

Who We Serve

140,000+ PATIENTS/CLIENTS ANNUALLY






- 107,000 HOMEHEALTH
CA, DC, IL, GA, MA, MD, MI, MN, OH, OK, TN, TX
- 28,000 PERSONAL CARE SERVICES
AZ, CA, NY, OH, TX, WA
- 4,700 HOSPICE
CA, CO, MA, MI, TN, TX
- 400 MEDICAL HOMECARE
CA, OH

169 LOCATIONS NATIONWIDE*

Core Brands

- AccentCare® in Arizona, California, Colorado, Florida, Massachusetts, New Hampshire, New Mexico, Ohio, Oklahoma, Oregon, and Washington
- AccentCare® of New York and Alliance For Health in New York
- Guardian Home Health & Hospice in Georgia and Tennessee
- Stu-Home Home Health & Hospice in Mississippi
- Teach Home Health in Texas

JOINT VENTURES

- AccentCare  MASANTE
- AccentCare  UCLA Health
- AccentCare  UC SAN DIEGO HEALTH at HOME
- Texas Home Health Group  in Texas
- Texas Home Health  in Texas

DISTINCTIONS

- HomeCare Elite designations
- CHAP accreditations
- 4.7 overall CMS quality star rating
- We Honor Veterans partnership

9,000+ FACILITIES (HOSPICES, SNFs, AND HOME) | **23,000+ PHYSICIANS/PHYSICIAN GROUPS**




*Locations counted include all offices that deliver patient care

9/1/2019

The AccentCare Panelists

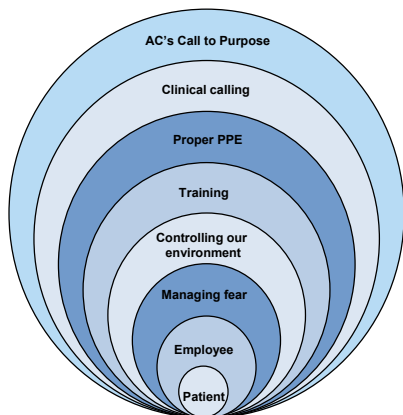
- Darin Szilagyi, FACHE, FHMFA, APR
Vice President, Marketing & Communications
- Sara Castillo RN, BSN, PHN, MSN
Chief Nursing Officer, SVP
- Dave I. Davis, RN-BC, BSN, MA, ACRN
Chief Clinical Innovation Officer
- Linda Tavel, MD MBA FAAHPM
National Medical Director Hospice and Palliative Care
- Joanna Ciampagione
Senior Vice President Personal Care Services, East
- Jeff Franck
Senior Vice President, General Manager -PCS West and Central, MHC

Robust Communication *Plan: Strong, Steady, Consistent* Voice

<p>National + regional media</p> <p>Establish AccentCare's as a thought leader via CEO and senior leader interviews</p>		<ul style="list-style-type: none"> • National print: five interviews total in Home Healthcare News and Modern Healthcare • Regional TV: Two interviews with Dallas NBC and CBS affiliates – content syndicated in 20 other markets • Regional print: Local market outreach stories in North TX, Central TX and Mississippi
<p>Internal leadership communication Rhythm</p> <p>Daily coronavirus CEO messages and videos plus "Real Talk. Real Care" storytelling from all levels of the organization</p>		<ul style="list-style-type: none"> • Daily CEO emails: Messages tailored to the moment to calm, coax, convey confidence and call to action • Weekly CEO videos: CEO messages to personalize and connect with all employees • Real Talk. Real Care: Front-line stories told by front-line personnel – Sara/Dave, RNs, PTs, and a chaplain • Website Hub: Repository for all communications
<p>Targeted communications</p> <p>Targeted delivery of key AccentCare messaging to employees, patients, referral sources and payors. On-demand printing.</p>		<ul style="list-style-type: none"> • Collateral: 227 customized pieces to patients, families, referral sources and payors • Sales campaigns: Medicare policy changes, patient safeguarding and CV19 acceptances • Employee engagement: Employee <i>Rising to the Moment</i> submissions and open forum Q&A

COVID represents a defining moment in our history

Our Call to Purpose and how the organization supports and prepares our front line clinical team



	Description
Clinical calling	<ul style="list-style-type: none"> We touch lives; we make a difference When others hesitate, we act; we rise to meet the challenge – and that is what we continue to do in CV-19
Proper PPE	<ul style="list-style-type: none"> AC has invested heavily in PPE ensuring that we meet or exceed CDC guidelines for all patient visits No clinician will ever be asked to treat a high-risk patient without proper personal protective equipment
Training	<ul style="list-style-type: none"> All employees received AC CV-19 training CRT clinicians received additional CV-19 training from AC Clinicians are medically trained professionals
Controlling our environment	<ul style="list-style-type: none"> Our clinicians operate in a largely controlled environment... ...in this environment we can protect them, and in doing so, protect our patients, their families, and clinicians' families
Managing fear	<ul style="list-style-type: none"> Fear is real and understandable; but we mitigate it through proper training, equipment and precautions
Employee	<ul style="list-style-type: none"> Employee safety is our top concern AccentCare has the responsibility to take all necessary measures to protect our employees – and we are
Patient	<ul style="list-style-type: none"> Our patients need us now more than ever It is our responsibility to care for them and protect them because their care is our top responsibility

AccentCare quickly mobilized and effectively responded to the COVID-19 challenge

- Preparing the enterprise:
 - Established Central COVID-19 Command Center
 - Cross-functional work-streams (PPE, Training, Workforce Management)
 - Communications
 - Sales – redeploying resources
 - Generalized training for all employees
 - Repurposing teams/members to provide support as needed
 - Clinical, Operational and Work From Home toolkits
 - COVID-19 resources accessible to the organization
- Established presumed and confirmed "flags" in the EMR to be able to track patients
- Developed and employee tracker to track all quarantined, presumed and confirmed employees
- Surveillance for local, state, federal and CDC guidelines

Overview of General and Specialized Trainings

Training	Total Trained	Description
Coronavirus Overview Course	<ul style="list-style-type: none"> Launched to employees via ACE 11,115 Information mailed to all employee homes 24,437 	<ul style="list-style-type: none"> Included CDC Overview of COVID-19 Included What to do if you are sick with COVID-19
COVID19 Role-Specific Curriculum(s)	<ul style="list-style-type: none"> 24,437 employees trained in role specific trainings Corporate: 772 Home Health: 3,674 Hospice: 560 MHC: 547 PCS: 18,884 	<ul style="list-style-type: none"> Role-Specific Curriculums included content for Clinical, Non Clinical, PCS MHC, and Intake launched in ACE and through microsite for PCS.
COVID19 Response Teams	<ul style="list-style-type: none"> 369 total clinicians trained in HH 525 total trained clinicians in Hospice 	<ul style="list-style-type: none"> Development of COVID19 Positive Patient Best Practices COVID 19 Skills Competency Donning and Doffing PPE Appropriately



Home Health

AccentCare®, Inc. is a nationwide leader in post-acute healthcare with innovative partnerships and care models covering the full continuum including Home Health (skilled nursing and rehabilitative therapies).

3,700+
EMPLOYEES

16 NURSES
100 THERAPISTS
11 AIDES
90
300 ADMINISTRATORS
1,30
0



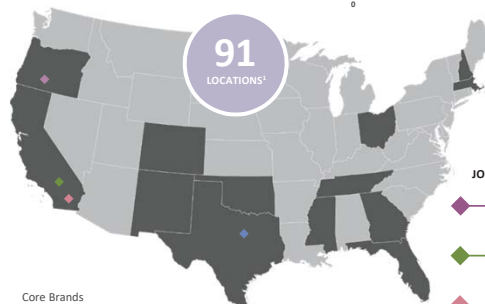
HEADQUARTERED IN DALLAS, TX
FOUNDED IN 1999
Irvine, California

Who We Serve

107,800+
PATIENTS ANNUALLY



Service areas include 13 states:
CA, CO, FL, GA, MA, MS, NH,
NM, OH, OK, OR, TN, TX



JOINT VENTURES

- AccentCare & BASANTE
- AccentCare & UCLA Health
- AccentCare & UC SAN DIEGO HEALTH at HOME
- Texas Home Health Group

Core Brands

- AccentCare Home Health in California, Colorado, Florida, Massachusetts, New Hampshire, New Mexico, Ohio, Oklahoma, and Oregon
- Guardian Home Health in Georgia and Tennessee
- Star Home Home Health in Mississippi
- Texas Home Health in Texas

*Locations counted include all offices that deliver patient care

7,800+
FACILITIES
(HOSPITALS AND HOME)

22,500
+
PHYSICIANS/
PHYSICIAN
GROUPS

DISTINCTIONS

- HomeCare Elite designations
- CHAP accreditation
- 4.8 overall CMS quality star rating



Clinical Response and Solutions

- New clinical protocols
 - Established strong clinical foundation
 - Best practice for Home visits
 - Donning/doffing PPE
 - CDC guidelines for PPE use/reuse
 - How to manage workforce – regulatory foundation
- Referral checklist for accepting CV patients
 - Established screening protocols at intake and welcome call
 - Prompts in HCHB for clinicians to ask about travel, short breath, cough, fever, sore throat, and any confirmed cases in the household
 - Welcome call rewritten for CV confirmed or presumed patients
- Patient call script – Safeguarding your Health wellness calls
- Responsive Organizational Structure
 - Assigned clinical specialist by region/div to provide support as needed
 - Developed Clinical COVID-19 task force
- Clinician Training
 - COVID-19 education required for all clinicians
 - To mitigate employee exposure
 - Best serve/protect patients

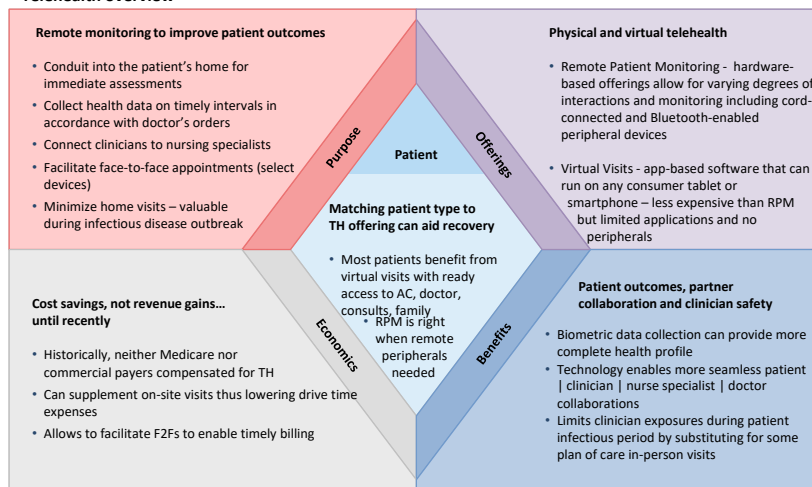
Patient Care is our primary responsibility Employee safety is top priority

–COVID Response Team – Well-trained and provisioned clinicians ready to face COVID-19

- List of volunteers across all regions
- Specialized training and competency assessment
- Strong plan of incentives and financial protections
- Fully provisioned with required safety equipment
- Numbers: proactive patients confirmed and presumed
- Predicting “the surge”

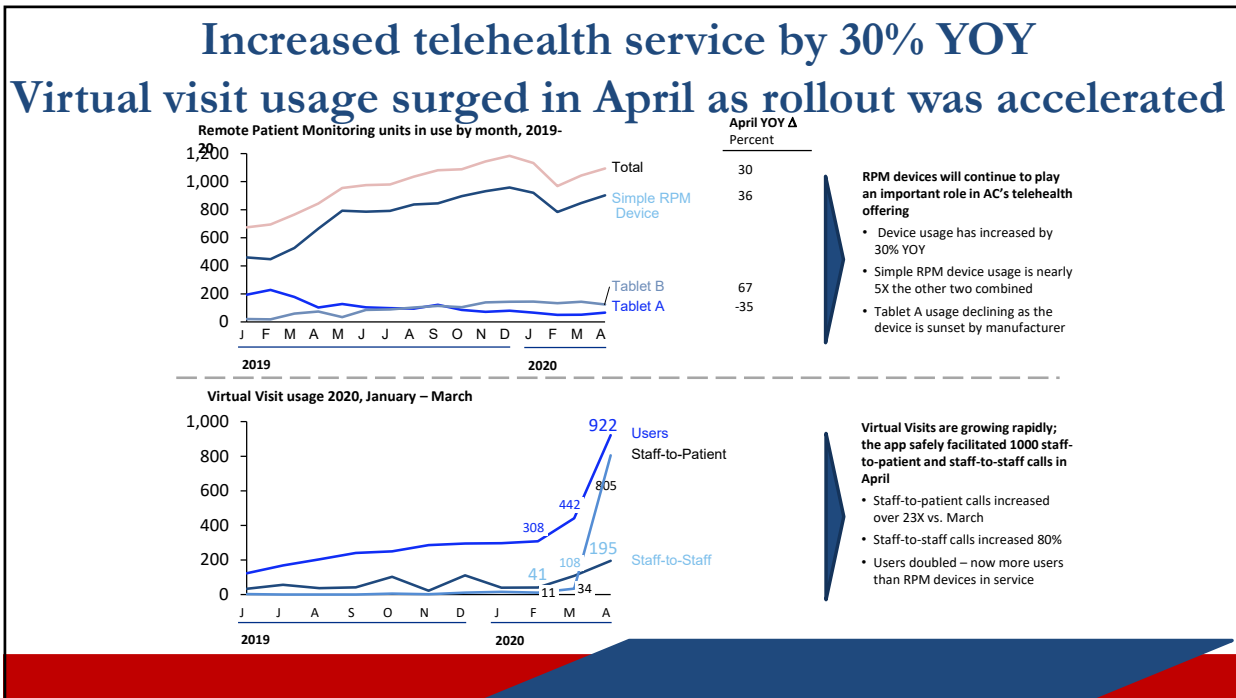
Disruptive Change -Telehealth

Telehealth overview



Disruptive Change -Telehealth

Virtual Visit rollout phases	Regions	Status (% complete)	Completion date	Additional details
1 Home health: CV-19 patients and strategic partners	MS	100	April 2	<ul style="list-style-type: none"> Allows us to initiate CV-19 care in-person then monitor remotely where appropriate Additional in-person visits are scheduled if patient health necessitates Prioritized marketing to strategic partnerships initially and then to the broader sales team in Phase 3 Waivers allowed for qualified visits from NP and MD to satisfy F2F visits The hospice model allows for use of virtual visits for efficiency not necessarily dependent on payment
	Northeast	100	April 3	
	California	100	April 6	
	Texas	100	April 10	
	East	100	April 13	
2 Hospice	All regions	100	April 16	
3 Home health: other referral sources	MS	100	April 24	<ul style="list-style-type: none"> Broader rollout targeting sales organization and specific partnerships not touched in Phase 1 where Virtual Visits will likely have highest adoption Entire HH organization is aware of virtual visits, the benefits and the use cases coming out of phase 3
	Northeast	100	April 24	
	California	100	April 24	
	Texas	100	April 20	
	East	100	April 24	
4 PCS				<ul style="list-style-type: none"> NY PCS was rolled out in Phase 1 because the HHA supervision, openings and assessment was allowed with state and 1135 waivers Currently evaluating how the technology would benefit Texas and the West Possible that benefits may be strongest for private-pay options and supervisory check-ins



Disruptive Change - Telehealth

A patient's story...

- Elderly:** 91 year old patient and his wife
- Fearful:** of COVID and seeking to minimize house traffic
- Telehealth:** AccentCare nurse spoke to them about telehealth, but...

- ...no access to smart device technology in the home
- Hardware loaner:** We provided them a tablet and set up the device for them
- Training:** We trained them on the usage until they were comfortable that they could do it themselves
- Virtual visits:** Husband and wife were excited to have a virtual connection to our clinical team while minimizing risks

...and a nurse's

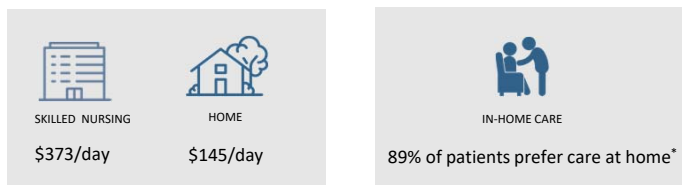
- First use:** Mississippi RN's first virtual visit patient
- Simple setup:** Easy to configure for the patient
- Visits:** One visit completed allowing her to monitor status and ensure patient well-being

- Moral support:** During these difficult times the patient found comfort in the simple act of a virtual check-in; raised husband's and wife's spirits
- Supplements, not replaces:** Virtual visits serve as a complement to the traditional in-home visit allowing us to provide an even greater level of care

Disruptive Change – Hospital to Home Home Health is a Viable Solution

Now, more than ever, Home Health is a viable solution for the continuum challenge.

- Home Health is a lower cost, and patient-preferred, setting









- With our [Care Path Intensive Home Care](#) product, we are prepared to serve very complex and fragile patients that would historically been discharged to the SNF setting

* Home Health Market Overview, Harris Williams & Co., December 2015

Disruptive Change – Hospital to Home Home Health is a Viable Solution

CarePath Intensive Home Care is built on careful transitions, high-touch care, and phased treatment to help ensure outcomes and satisfaction.

- 
 Pre-discharge hospital bedside assessments determine levels of care, home safety, and needs for ancillary services
- 
 Nurse Navigators facilitate hospital to home transition
- 
 60-day care plan, including daily encounters during the first 14 days, from nurses, therapists, medical social workers, and home health aides
- 
 Telehealth enables virtual check-ins and monitors real-time changes in condition
- 
 Follow-up helps to ensure appropriate step-down care throughout episode of care
- 
 Integration of personal care services seamlessly delivers attendant support with appropriate payer approval

Hospice
AccentCare®, Inc. is a nationwide leader in post-acute healthcare with innovative partnerships and care models covering the full continuum including Hospice (end-of-life care).

500+ EMPLOYEES

20 NURSES
0 AIDES
200
150 ADMINISTRATORS

AccentCare
HEADQUARTERED IN DALLAS, Texas
FOUNDED IN 1999 in San California

Who We Serve

4,700+ PATIENTS ANNUALLY

Service areas include 7 states: CA, CO, MA, MS, NH, TN, TX

23 LOCATIONS*

Core Brands
AccentCare Hospice in California, Colorado, Massachusetts, and New Hampshire
Guardian Hospice in Tennessee

Joint Venture
StarHome Hospice in Mississippi
Texas Home Health Hospice in Texas
Texas Home Health Hospice
a partnership with Acute Regional Clinic and Mission Family Physicians

700+ FACILITIES (HOSPITALS AND SKILLED NURSING)
500+ PHYSICIANS/PHYSICIAN GROUPS

DISTINCTIONS
• CHAP accreditation
• We Honor Veterans partnership

CHAP

1/1/2020

Re-visiting the Plan of Care

- Early in the pandemic, families refused visits
- Review of Medicare Guidelines
- Development of new plans of care: minimum frequency for those families and facilities that requested limited visits, and augment with “telephonic” visits from nursing staff & team members: Social Worker, Chaplain, Bereavement Coordinators, Volunteers
- Volunteers restricted to telephonic visits only or non-contact
- Project Staffing Shortage and Needs: Consideration of impact of COVID in our operations: “what if”.....multiple RNs other team members require quarantine?
- Medicare waivers studied and implemented as soon as possible
 - NPs Face to Face visits telehealth
- Intent/impact of telephonic visits and telehealth: preserving scarce PPE resources and minimizing risk of infection to patients/families/staff
- Nursing staff only for COVID + patients

Re-visiting the Plan of Care - Medications and Supplies

- Pharmacy: medication refills increased from 15 days to 30 days in facilities and homes
- Dispensing meds for anticipated symptoms:
 - Pain, dyspnea, fever, nausea
- Design of “COVID care”: disposable items in homes: stethoscopes, blood pressure cuffs,
- Discussion of other items left in homes for duration of treatment: pulse oximeters

EMR Updates

- Templates updated to ask:
 - About recent travel by patient/caregivers/family
 - Is anyone in the home symptomatic
- Visit code updates:
 - Telephonic/telehealth code types added:
 - Nursing
 - Social worker
 - Chaplains
 - Nurse practitioners

Keeping Agencies Information –Hospice Division

- Daily COVID calls for Hospice Leadership:
 - Supplies—PPE
 - Preparation for receiving COVID patients
 - Fit testing as the pandemic unfolded and supplies obtained
 - Tracking of COVID in communities as it appeared
 - Tracking of COVID exposure/infection in our staff
 - Tracking of COVID exposure/infection in our patients
 - Review of CDC guidelines and updates

Outreach/Education/Encouragement


- Two sessions with Hospice Medical Directors and Nurse Practitioners were held:
 - Early in process to explain how we were preparing to protect all staff, patients, families with respect to education of staff and PPEs
 - Second session explaining strategies: remote telephonic IDGs, telehealth/telephonic visits, asking what they needed
- Ensured CEO daily eMails/weekly videos got to the front line
- Series of AccentCare staff videos on their preparation, coping, mindset in the COVID crisis—Enterprise wide
- Hospice Town Hall:
 - Hospice Leadership with Q&A section
- “Dishing with the Docs” sessions for each hospice site with a Hospice Medical Director speaking 15 minutes, followed by Q&A, ideas, comments—comfort with caring for COVID patients, and process improvements as outcomes

Preparing for the future

- Address “fallout” from families being isolated from their loved ones: anticipate higher levels of complicated grief
- Address needs in our own staff who were unable to practice in their preferred “hands on” style in caring for the dying
- Reach out to other providers in the community who operated under the restrictive policies—caregivers, first responders
- Offer bereavement and counseling services to families whose loved ones were in hospitals and other settings (community outreach and service)
- Leverage what we have learned from use of Telehealth in hospice—its applications that fall within Medicare guidelines.
- Consider “PAR” levels for PPE in the near term while awaiting recurrence of COVID or other illness
- Build on the relationships developed during this pandemic—we are a proper part of the health care continuum

Opening Up to Business


- Hospice has continued to offer services to all patients during the pandemic, including COVID positive patients
- We are ready to serve as the facilities re-open to access hospice for their residents/patients



Personal Care Services
AccentCare®, Inc. is a nationwide leader in post-acute healthcare with innovative partnerships and care models covering the full continuum including Personal Care Services (attendant care).

18,900+
EMPLOYEES

15 NURSES
18,400 ATTENDANTS
500 ADMINISTRATORS




HEADQUARTERED IN DALLAS, Texas
FOUNDED IN 1999
Irvine, California

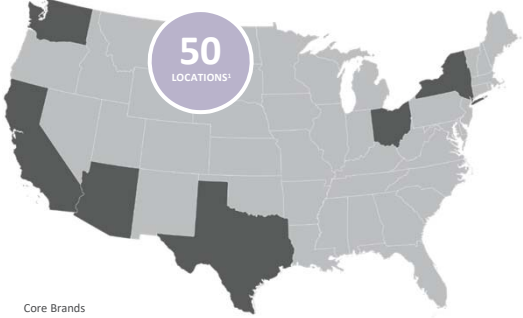
Who We Serve

28,000 +

CLIENTS ANNUALLY



Service areas include 6 states:
AZ, CA, NY, OH, TX, WA




50
LOCATIONS*


Core Brands

AccentCare® Personal Care Services in Arizona, California, Ohio, and Washington | AccentCare® of New York and Manager For Health in New York | Texas Home Health Personal Care Services in Texas

*Locations counted include all offices that deliver patient care



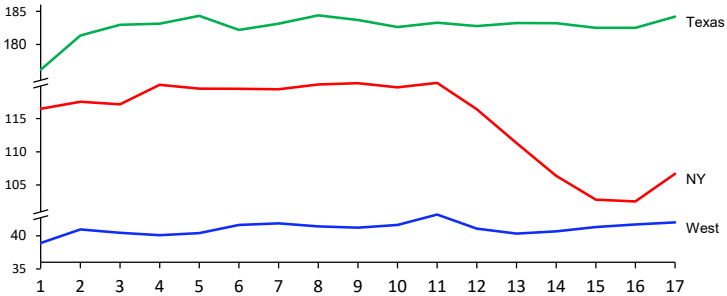
400+
FACILITIES
(HOSPITALS AND SKILLED NURSING)



5+
PHYSICIANS/
PHYSICIAN
GROUPS

1/1/2020

Regional Comparison – Personal Assistance Services



FW	Texas	NY	West
1	175	155	40
2	180	160	42
3	182	160	40
4	183	165	40
5	185	165	42
6	182	165	43
7	183	165	43
8	184	165	42
9	183	165	42
10	182	165	43
11	183	165	45
12	182	155	40
13	182	140	40
14	182	115	41
15	182	105	42
16	182	105	43
17	185	115	45

- The NY PCS COVID story starts with a business growing hours in the face of 2020 payer rate challenges before turning its attention towards a much greater threat
- NY Recovered 23% of CV19 lost hours in FW17
- Texas, primarily a Medicaid market for us, saw smaller % decrease, but remained at that lower level longer
- West, with a very diverse payer mix, initially saw small spike in hours as key senior housing partners needed staffing support, before client holds spiked FW 12 & 13.
- We still have some areas within more rural TX and AZ that have had relatively minor impacts

NY PCS operated at the epicenter of the US pandemic

Managing the crisis

The crisis hit quickly. Business required leadership to support patients, caregivers and office staff due to fear during pandemic. Need for agility; balance changing daily demands from staff, patients, payers.

- **Staffing:** Employees afraid to come to work; school closings create childcare issues; managers becoming counselors;
- **Patients:** Refusing to let caregivers into homes; out of work family become home health aides, expansion of the Consumer Directed Model
- **Payers:** Demanding data, modified EPP, employee screening policies and protocols
- **Hours:** Hours snowballed as business experienced average week-over-week declines of 4400 for four weeks
- **Directives:** New directives were coming out almost daily; the CDC, NYS Department of Health, the Joint Commission, Payers
- **WFH Strategy:** Moved large patient care coordinating units to a WFH model, provide protection, reduce commute, improve efficiency and maintain team integrity
- **Telephonic and Telehealth:** Once waivers came through, we were able to quickly convert one of our Value Based Purchasing products (VBP) to full telehealth capabilities
- **PPE:** Maintained adequate PPE supplies throughout the crisis, managing against fears and within CDC guidelines

Pivoting to the future

Hours bottomed out in FW16 at 13% below prior year, now up 4400 from nadir; we are repairing the business and returning to growth

- **Outlook:** Near-term challenges persist as state remains closed and fear high
- **Staffing:** Bringing new care providers online to backfill for departures while maintaining social distancing
- **Restarts:** Focused nursing resources on calling "on hold" patients – 94 of 400 patients brought back on service as of 4/27
- **Referral sources:** Leveraging our strong performance and on-going support of referral sources throughout the crisis to accelerate census growth

Out of necessity, NY PCS and AC became more agile; these experiences and skills will serve us well as we rebuild the business over the next 12 months

WEST PCS and Texas PCS saw varying levels of spread & impact

Managing the crisis

While California had hot spots, and both the broader West and Texas had similar types of management challenges around Staffing, Patients, Payers, PPE and the rest - it didn't hit sweepingly as it did in New York.

- **Staffing:** Executed on phased and controlled WFH strategies
- **Patients:** At peak, saw upwards of 5% of patients with services on hold due to Covid; primarily by choice, out of fear.
- **Payers:** Extremely diverse mix of payers and payer rules, with different reactions / demands / concessions by payer.
- **Hours:** Loss felt most strongly in CA; Our strength in AL / IL was both a plus and minus as those buildings adjusted to Covid. Also, saw clients with lower hours most likely to pause services.

Pivoting to the future

Hours in West bottomed out FW 13 and 14; Texas's impact was smaller as a percentage, but remained at that lower level through FW 16

- **Outlook:** Planning for areas less affected to-date to still feel an impact
- **Staffing:** Developed virtual hiring and onboarding practices that we will use into the future; able to bring hiring levels to norm last 2 weeks
- **Restarts:** Developed scripts for our non-clinical supervisors to increase education and comfort level among Clients and Caregivers; Increase in clients on hold peaked early April in both West and Texas, and we have been able to drive down each week since then.
- **Referral sources:** Our ability and willingness to serve new active, positive Covid clients, as well as to work in communities with active spread, will be key to regaining growth through rest of year.

Out of necessity, West PCS and TX PCS became more agile; these experiences and skills will serve us well as we rebuild the business over the next 12 months

Leveraging internal strength to support each other – NY, West, TX

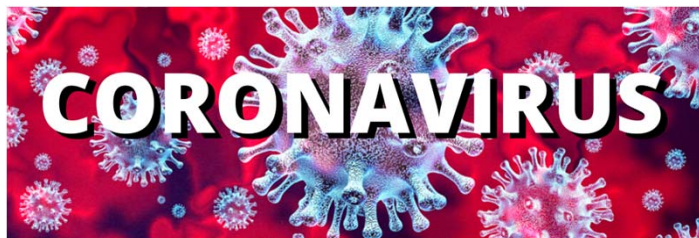
- **Dallas** – IT developed patient surveys and rolled out telehealth
- **MS** - nurses there assisted NY with symptomatic patient triage
- **CA** - set up support for NY electronic visit verification
- **Clinical** – developed Covid protocols to ensure as much safety as possible for our field staff, while ensuring continuity of care
- **Dallas** – IT successfully supported work from home initiatives that changed real time across our markets

Lessons Learned – Crisis Innovation

- How is Accent Care better for this experience?
 - Work From Home workforce
 - Remote/Virtual Visits
 - Procuring PPE / Inventory Management

Q & A

NAHC COVID-19 Information and Resources



nahc.org/covid19
nahc.org/covid19faqs

Upcoming Events

COVID-19 Virtual Town Halls
Wednesday, May 20, 2020

**2020 Financial Management
Conference & Expo**
July 26-28, 2020
Las Vegas, NV

**2020 Home Care and Hospice
Conference and Expo**
October 18-20, 2020
Tampa, FL