The Private Duty Source
Issue: June 9, 2022

FEATURE ARTICLE

Data Point: What is the #1 Threat to Home Care in 2022?

Welcome to the June 2022 Home Care Data Point from NAHC and Home Care Pulse. For this data point, survey participants in NAHC and the home care industry were asked "What do you see as the top three threats to the future growth of your business in 2022?"

To read the top five answers from survey respondents, please read on.

READ THE REST

TOP STORIES

New Webinar! Paid Time Off: Creating and Structuring a Benefit Program to Recruit, Retain, and Reward

Date: Thursday, July 14th, 2022
Time: 3:00 PM – 4:00 PM ET
Register now

Many of us take paid time off for granted, but most home care field staff do not receive this benefit so they don’t get paid if they’re not working. Offering this highly desirable benefit is one way to reward employees, distinguish your company from your competitors, and enable you to attract better employees who are loyal and highly motivated. Some states have already adopted paid sick leave programs and that trend is expected to spread, so this could be the perfect time for your agency to get ahead of the government, as well as your competition. Join Private Duty Home Care at
NAHC for this lively and informative discussion with a top employment industry expert.

**Learning Objectives:**

- Sick time, vacation time, or PTO – how to structure time off to best benefit your organization and your staff
- Mental health/personal days – why they’re important and what you can do to implement them easily
- How rewarding staff that works can lead to long-term staff retention and loyalty

**Don’t miss the Deadline! Register now for FMC 2022**

The **2022 Financial Management Conference (FMC)** early bird deadline is coming up on **June 21, 2022**!

Registering now means you’ll save big on hearing from the top names in financial management for the home care and hospice industry. They’ll share best practices, what inspires them, and how you can continue to keep your organization growing and evolving.

If you’ve ever been to the Financial Management Conference (FMC), you know it is a one of a kind event. It’s the only conference in the industry devoted entirely to serving the needs of financial professionals and executives in home care, home health, and hospice. FMC is essential to those that manage, supervise, or collaborate with the financial arm of your organization. Attendees will walk away with new ideas, connections, and opportunities. But you don’t have to take our word for it. Check out this testimonial from a past attendee:

**Direct Support Workforce Survey: Providing Support During the COVID-19 Pandemic**

Over the past 24 months, direct support workers have experienced high risks of infection, hardship and exhaustion. Many have become ill and lost loved ones. The voices of DSPs and frontline supervisors matter, now more than ever. Show them you care about their wellbeing by sharing this confidential survey. The University of Minnesota’s Institute on Community Integration, in partnership with the National Alliance for Direct Support Professionals, developed this survey to better understand the ongoing impact.
of the COVID-19 pandemic on direct support workers and identify the most effective ways to protect DSPs, frontline supervisors, and the people they support.

Please visit [z.umn.edu/dsp-covid19-survey](https://z.umn.edu/dsp-covid19-survey) to complete the survey. The survey closes on July 22, 2022.

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**National Healthcare at Home Best Practices and Future Insights Study**

The National Association for Home Care & Hospice (NAHC) is pleased to sponsor the National Healthcare at Home Best Practices and Future Insights Study and we encourage all relevant stakeholders to read the report carefully. Over 1,000 agency sites represented, and we had the largest and most comprehensive study in the history of home care and hospice to date. And now NAHC members can access the complimentary study report.

Download the report to gain perspective on best practices for:

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**Feds Extends American Rescue Plan Spending Deadline for States to Expand Medicaid HCBS**

States will have an additional year to use American Rescue Plan funds to strengthen the home care workforce and expand access to services.

On Friday, June 3, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), is notifying states that they now have an additional year — through March 31, 2025 — to use funding made available by the American Rescue Plan (ARP) to enhance, expand, and strengthen home- and community-based services (HCBS) for people with Medicaid who need long-term services and supports.

As the primary funder of HCBS nationally, Medicaid plays a critical role in supporting states’ efforts to strengthen these services for their beneficiaries. Section 9817 of the American Rescue Plan provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS — an estimated $12.7 billion. As a result of the ARP increase in the federal matching rate on activities, states originally had a three-year period — from April 1, 2021
through March 31, 2024 — to use the available state funds, attributable to the ARP’s increased FMAP, on activities to enhance, expand, or strengthen HCBS in Medicaid. The extended timeframe, of an additional year, will help to facilitate high-quality, cost-effective, person-centered services for people with Medicaid. This will allow Medicaid beneficiaries to remain in the setting of their choice—whether it is their home or another setting—and remain a valued part of their communities.

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Why Quality Care Begins with Quality Education

Caregiver training is a valuable tool for employee retention and satisfaction. But it is also a critical factor in improving care delivery. This can lead to other positive outcomes such as increased client satisfaction and a strong reputation.

Organizations that understand the connection between training and quality care will not only serve their staff, but will also see improvement in the quality of the care their patients and clients receive.

The shift to value-based care

Connecting training with outcomes serves patients and staff, but the shift to value-based care means attention to outcomes is imperative as home-based care transitions to rewarding providers for the quality of the care they deliver.

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Retail Overstaffing, Rising Inflation and Disappearing Mandates: What’s Improving the Labor Crisis in Home-Based Care

In mid-May, I stumbled upon a story.

I had been talking to providers for other assignments when I heard a few of them mention off hand that the staffing situation for their companies had gotten better.

Some had reasons why they believed that was turning, while others didn’t offer anything but gratitude that it was. Once I had one or two of those testimonials, I went back to more providers, and then I went to staffing companies as well.

What I ended up with was this: For one reason or another, the staffing situation – both in home care and home health care – has generally
improved over the last four months or so. Specifically, providers were referring to the previous 90-day period as to when things began to turn.

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**The Case for Contract Labor in Home-Based Care**

Home-based care agencies have bemoaned contract labor over the past couple of years, especially as COVID-related staffing shortages have forced them to tap into these talent pools.

New info commissioned by Boston-based health care staffing solutions platform IntelyCare paints contract labor in a different light, however.

According to research put together by Oliver Wyman and Mercer, contract labor may balance out costs in the long run when compared to full-time staff. The study found that a full-time nursing employee can cost a facility up to 33% more on an hourly basis than a contract worker.

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**Clinician burnout? Switch them to at-home care**

Hospital-at-home advocates often highlight how the care modality improves the patient experience and allows hospitals to better manage capacity. There are other key benefits — such as protecting patients from hospital-acquired infections and improving caregiver’s job satisfaction — that should be brought into the conversation as well, hospital executives say.

Providers and lawmakers are pushing the Centers for Medicare & Medicaid Services to extend its waiver program for acute hospital care at home. Amid this effort, they are often quick to say the care modality improves the patient experience and allows hospitals to better manage capacity so they can ensure beds are available for the sickest patients.

**READ THE REST @ MedCity News**

**Why More Home Care Franchises Are Seeing Value in Company-Owned Locations**
As more home care franchise companies begin to embrace company-owned or corporate-owned locations, veterans in the space are analyzing the return on investment of their long-held locations.

While company-owned locations are more recent additions at a number of home care agencies, BrightStar Care got its start with a handful of company-owned locations in 2002. In fact, the company didn’t open its first franchise location until 2006.

“Our first three locations ever were company-owned locations,” Shelly Sun, founder and CEO of BrightStar Care, told Home Health Care News. “Having company-owned locations is how we had the ability to document all the policies and procedures for growing a successful home care company that we then franchised.”

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Long-term care’s mortal risk

Long-term and post-acute care operators have plenty to worry about. Low Medicaid reimbursements, harsher CMS regulation, caregiver shortages and the impending end to PHE accommodations, to name a few.

But fretting about all that is like obsessing over sniffles while ignoring a cancerous tumor.

Something big is happening in the long-term care market at a deeper level but getting little attention from analysts, policymakers, and lobbyists.

READ THE REST @ McKnight’s Home Care

Feds must embrace telehealth, not overregulate it, post pandemic: expert warns

An expansion of telehealth flexibilities has been transformative for the long-term care profession and at least one expert is hoping that the federal government welcomes the changes rather than bog down telehealth programs with too many regulations.

“We have to really embrace the technology. There’s going to be some regulation, granted, but we should not suffocate the technology. Embrace it,” said Gerard Moawad, MD, CEO of M-Medical Group.
The solution to your staffing problems? Listen, learn, change

With more than 40 years in healthcare as a provider, and more significantly as a strategic market analyst, Irving Stackpole knows a thing or 300 about your business and the struggles you face. Doesn’t matter if you’re in long-term care or beyond.

So when he talks about things like staffing problems, people tend to listen. Or should.

I was one of them Thursday. He hosted a webinar and, as always, I came away with a significant trove of helpful nuggets.

One of the first keys, he emphasized, is to work on what IS in your control. Federal spending per capita and a host of societal “isms” (ageism, sexism, racism, etc.) are prime national issues that need fixing. But you’re not going to do it in the short run.

RESOURCES

The Human Experience 2020: Vision for the Future of Health Care - The Beryl Institute

Littler Operational Guidelines for the Home Care Industry Amid COVID 19 - Littler Mendelson, P.C.

PDHCA Education - PDHCA Website

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Generations Homecare System is the all-in-one agency management solution that gives providers the power to connect care teams, simplify daily tasks, and maintain security and privacy compliance.
Key features include intuitive scheduling, Electronic Visit Verification (EVV), mobile apps, comprehensive reporting, and more. If your state requires the use of EVV, Generations has a solution for you.

With the mobile app, your team can take care of business, no matter where the day may take you. Visit our website [homecaresoftware.com](http://homecaresoftware.com).

Private Duty Home Care at NAHC is a fully integrated service line of the National Association for Home Care & Hospice focused on Leadership, Education, Advocacy, and Innovation exclusively for the private duty home care community.

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