

The voice

A Publication of the Home Care Association of America



Spring/Summer 2020



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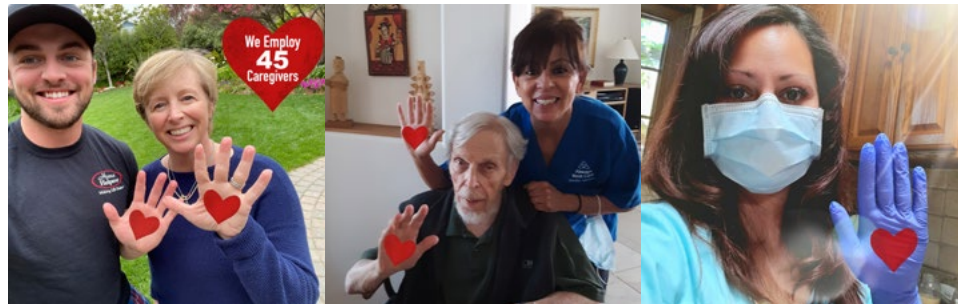
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Design & Layout
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Mission, Vision, Purpose & Guiding Principles

The Home Care Association of America (HCAOA) is the nation's first association for providers of private duty home care. HCAOA was founded on the principle that quality private duty home care has one model of care and that model is to employ, train, monitor and supervise caregivers, create a plan of care for the client and work toward a safe and secure environment for the person at home.

HCAOA Mission – The Home Care Association of America is the trusted voice of the home care industry, strengthening our members through advocacy, education and research.

HCAOA Vision – Home care empowers all those in need to live their best lives wherever they call home.

HCAOA Purpose – To provide leadership, representation and education for the advancement of non-medical private duty home care and provide a strong unified voice to speak to the issues of concern within the private duty home care industry.

HCAOA Guiding Principles – Associations that have guiding principles use them to help determine how the association will conduct its business, assist in determining policy and positions, and in providing direction. While the mission and vision of the Home Care Association of America are the main tools for determining strategy and direction, these guiding principles complement that mission and vision. We believe that people should be able to age safely in place at home to the extent possible according to their desires and permitted by their resources. We will champion measures at both the federal and state levels that promote home care quality and affordability. Appropriateness of care and client protection is best provided in an employee based model.

After the Crucible of COVID, Home Care Faces an Exciting New Future



Connecticut Chapter Chair Chaim Gewirtzman (L) with Executive Director Vicki Hoak at a chapter meeting before the outbreak.

SO MANY WORDS HAVE BEEN WRITTEN ABOUT THE COVID-19 PANDEMIC

that I have no delusion that I could ever write something more profound than what has already been published. Suffice it to say, our lives will never be the same; nor will home care ever go back to the way it was at the beginning of 2020. This year not only marks a new decade, it will also go down in history as the turning point of how we view public health and safety and the value of in-home care.

Home care in this moment has been a perfect prescription for preventing the spread of a disease. With 90% of COVID-19 positive individuals not needing hospitalization, but rather being told to go home and self-quarantine, in-home care became the answer for many; not to mention the thousands of older Americans already under the care of a home care organization. As guardians to the most vulnerable population to the coronavirus, home care agencies had to respond quickly to the disease to ensure both clients and caregivers were protected and supported.

This issue of *The Voice* features articles about homecare's role during the coronavirus outbreak from people who were and are still deeply involved in caring for COVID clients to a candid perspective of the impact the pandemic has had on our industry.

But good outcomes can come from bad beginnings, and this is particularly true over the last three months. Collaboration flourished among all the national associations representing home-based care, especially between us and the National Home Care and Hospice Association, and the Partnership for Medicaid Home-based Care. We have all joined together to advocate for front-line workers to ensure they receive the benefits they deserve for remaining on the job and caring for people despite the risks. Currently, we continue to urge members of Congress to consider incentives for our workers to remain on the job despite the ease of qualifying for unemployment.

As we move forward, we must solidify many of the efforts that began because of COVID-19: Increased training of home care aides; more communication with our staff and clients, and efforts in support of standards of care for home care organizations. This communication extends to our [Coronavirus resource page](#), which has been a constantly-changing source of value for agencies struggling to adjust to changing statutes or even find vital PPE. Members played a huge role in providing their best practices and contacts to build and maintain that resource.

Earning the designation as health care, we in the home care community must accept the responsibility to ensure a trained and qualified workforce, a standard of care that responds to individuals' needs and data that proves our value.

The last three months have been trying, of that is no doubt. But thanks to the resilience of our members, I am filled with excitement for our industry's future.

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PREPARATION IS AS VITAL AS TREATMENT

Medical Advisory Council Forms to Help Home Care Prepare for COVID Clients

About the Council Members



Dr. Steven C. Fox, DO

Steven C. Fox, D.O. is a licensed physician and surgeon. He was the founder of Wellspring Gerontological Services, which provided comprehensive assessment and care management for older adults and persons with disabilities in the Chicago metropolitan area

from its beginning in 1985. In 1993, Dr. Fox assisted in the creation of Wellspring Personal Care, a private home care agency which provides certified and trained caregivers in an individual's home. He continues to serve as a Physician Consultant to WPC. Dr. Fox is a founding member of the Midwest Private Geriatric Care Managers Association; a member of the American Osteopathic Association; American Geriatrics Society; the American Academy of Home Care Physicians; American Society on Aging; and the American Medical Directors Association.



Sheila Davis

Sheila Davis is a Certified Home and Health Care Executive and has experience spanning over 30 years that includes regulatory, compliance and administrative aspects of the home health, pediatric home health and therapy, community care, private

duty nursing, and personal assisting services. Sheila joined Always Best Care as a National Director in 2016 and later was awarded the position of Senior Vice President of Operations in November 2018.



Jake Baker

Jake Baker joined ComForCare as the Director of Clinical Services in 2019. Prior to joining ComForCare, Jake worked as an Emergency department nurse and healthcare systems trainer. Jake is certified to train Nursing Assistants in the State of Michigan.

IN THE INITIAL DAYS OF THE COVID CRISIS, a lack of timely and clear information was available to all sectors of health care including home care, adding to the stress and uncertainty felt across the country.

To help provide strategic guidance and clinical leadership for our members, HCAOA established a medical advisory council. The Council has worked to provide:

- Suggested protocols when necessary for the prevention and protection of clients and caregivers (see the following pages)
- Advice on communications with staff, clients and other partners
- Update on recent developments that may impact the daily operations of home care organizations
- Guidance on best practices

The council is comprised of medical experts from across HCAOA membership.





Jennifer Sheets

Jennifer Sheets is President and Chief Executive Officer of Caring Brands International and Interim HealthCare Inc. With nearly 20 years of healthcare management experience in both home health and hospital settings, she has successfully introduced progressive programs that drove growth through clinical excellence, improved patient outcomes and reduced delivery costs. Sheets previously served as Chief Clinical Officer and Senior Executive of Clinical Operations, Innovation, Education and Quality at BAYADA Home Health.



Barb Gellin

Barb began working as a Registered Nurse more than 28 years ago as a floor nurse in neurosurgery. Since then she's worked in a variety of fields and finally ended up in management where she utilizes her nursing and leadership experience. As part of the Comfort Keepers team, Barb feels that the company's motto "Elevating the Human Spirit" means incorporating the client into every aspect of care they need. The care encapsulates the client as an integral part of the plan of care with the client being the center focal point and the caregiver as a support. "Elevating the Human Spirit" brings joy to all involved in the care of every client that can be home in the least restrictive environment possible.



Barbara Citarella

With over 25 years of experience, Barbara Citarella, founder of RBC Limited, is internationally known for her expertise in the areas of infection control, leadership and disaster preparedness. As the only recognized expert in the area of home care and hospice disaster planning, she provides education not only to home care and hospice industry but to law enforcement, government agencies, health care providers, private sector, first responders, national and state associations.

See Home Care Agency Recommendations on next page >>

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HOME CARE AGENCY RECOMMENDATIONS FOR NO EXPOSURES

For areas with no known cases of COVID-19, we recommend implementing the following steps to ensure the safety of your clients and caregivers.

1 AGENCY PREPAREDNESS

1. Develop an [agency policy](#) to address COVID-19
2. Create an [emergency preparedness plan](#) and assign roles to staff
3. Find multiple [vendors](#) for Personal Protective Equipment (PPE) and stock up on gloves, gowns, procedure masks, and eye protection (i.e. goggles or face shields)
4. Develop screening tool for COVID-19
5. Prepare communication materials
 - a. [Letter for caregivers](#)
 - b. [Letter for clients](#)
 - c. [Alternate for clients](#)
 - d. [Letter for referral sources](#)
6. Continually follow [the CDC](#) and [local Department of Health](#) for COVID-19 updates and recommendations
7. Letter to agency personnel (internal communication)
8. Ensure agency financial viability and continuity of business ops
9. Allocation of appropriate utilization of resources
10. Be prepared for staffing shortages and refusal to work if PHE expands
11. Test your emergency plan

2 CAREGIVER GUIDANCE

1. Offer [Staff Training](#)
 - a. [What is COVID-19](#)
 - b. [How to prevent the spread](#)
 - c. [Standard Precautions](#)
 - i. [Hand Washing](#)
 - ii. [When/how to use PPE](#)
 - d. [Create policies for PPE](#)
 - i. [Gloves](#)
 - ii. [Masks](#)
 - iii. Gowns
 - e. Agency screening protocol and reporting symptoms to the office
 - f. [Agency policy for handling COVID-19 clients](#)
2. Conduct caregiver [screening](#) at start of work day with screening tool
 - a. Any exposure to COVID-19?
 - b. Any travel in the last 14 days?
 - c. COVID-19 symptoms? (fever > 100.4 F, cough, sore throat, shortness of breath)
3. Communicate your emergency plan
4. Communicate HR policies and clarify as needed

3 CLIENT AWARENESS

1. Send out [letter](#) to clients detailing plan to keep them safe
 - a. Training provided to all staff
 - b. Agency is following CDC and health department guidelines
 - c. Agency is screening all clients and caregivers prior to shifts
2. Provide educational [handouts](#)
 - a. [How to stay safe in public](#)
 - b. [Face covering guidance](#)
 - c. Visitor information sign for entrance to clients' home
3. Cover [emergency preparedness plan](#) with clients to ensure that a backup plan is in place in case agency is unable to provide care
4. Conduct [client screening](#) before start of shift
5. Maintain continuity of care
6. Regular communication (in addition to letters) via phone, text, or virtual technology
7. Reinforce home is the safest place to be

This guidance has been prepared based on federal, state and industry expert best practice guidance as of April 10, 2020. This guidance will be reviewed and subject to revision. Home Care providers are encouraged to create policies and procedures that reflect their own agency operations, capabilities and community/patient needs. These materials are not to be construed as the rendering of legal or management advice.

HOME CARE AGENCY RECOMMENDATIONS FOR CLIENT/CAREGIVER EXPOSURES

For potential exposures to COVID-19, we recommend implementing the following steps to ensure the safety of your clients and caregivers.

1 AGENCY PREPAREDNESS

1. Ensure all [staff members understand agency protocols](#) for addressing client or caregiver exposure to COVID-19
2. Agency should [contact local health department](#) for guidance on local guidelines for addressing COVID-19 exposures and reporting suspected or positive cases
3. Create letter templates for both clients and [caregivers](#) to inform them that they have come into contact with someone that has or is suspected of having COVID-19

2 CAREGIVER GUIDANCE

1. [Inform client](#) that they have come in contact with a caregiver that has been exposed to someone suspected of having COVID-19; advise to contact primary care provider
2. Assure client that their risk is low as they are a contact of a contact, but they should still [follow exposure guidelines](#), including social distancing
3. If caregiver does not test positive for COVID-19 or shows no symptoms for 14 days, agency can continue care as planned. If the caregiver tests positive or shows symptoms during quarantine, then inform the client to begin self quarantine for 14 days and pause agency services
4. If agency cares for confirmed or suspected COVID-19 cases, refer to [Recommendations for COVID-19 Care](#)
5. Enact protocol for [appropriate use of PPE](#)

3 CLIENT AWARENESS

Pull the caregiver from the schedule have them [Self Quarantine](#), and tell them to speak to their Primary Care Provider about [getting tested](#).

1. If Caregiver Will Be Tested

- a. For a negative test result, caregiver can return to work after two negative test results 24 hours apart
- b. For a positive test result, have caregiver self quarantine for 14 days
 - i. Follow local health department guidelines for Informing all clients and other staff members the caregiver has come in contact with in the last 14 days
 - ii. If no symptoms appear within the 14 days, caregiver can return to work
 - iii. If symptoms do present during quarantine, caregiver can return to work only after all 3 have occurred
 1. 72 hours of no fever without the use of antipyretics
 2. All symptoms have resolved
 3. 7 days have passed since symptoms have started

2. If Caregiver will not be tested, have caregiver self quarantine for 14 days

- a. If no symptoms appear within the 14 days, caregiver can return to work
- b. If symptoms do present during quarantine, caregiver can return to work only after all 3 have occurred
 - i. 72 hours of no fever without the use of antipyretics
 - ii. All symptoms have resolved
 - iii. 7 days have passed since symptoms have started



Home Care
Association of America

Surveys Show Home Care Agencies' Commitment to Delivering Care During Pandemic

DECREASED SERVICE HOURS AND LACK OF PPE have been constant thorns in the side of home care agencies throughout the initial stages of COVID-19. Those two problems were ranked as the top two issues facing our members in surveys conducted in **March** and **April**.

From the early stages of the pandemic, a smaller percentage of home care agencies reported that their caregivers were asking for emergency paid medical leave as provided in the CARES Act (42% in March compared to 34% in April).

"What we're seeing as an industry, is a very committed workforce starting with our leader to our frontline workers," said Executive Director Vicki Hoak. "We are the community of providers that can protect older Americans from the disease and prevent the

spread of COVID-19." And agencies have seen a marked uptick in employees either exhibiting symptoms or noting exposure to the virus. In March, 19% of members said that their employees have reported symptoms. The following month, 43% claimed that their employees have reported COVID exposure. Those agencies that have reported exposures are snapping to action, with roughly two-thirds reporting in April that they communicate immediately with clients and staff providing specific instructions to prevent the further spread of the disease.

HCAOA will continue to monitor how the industry is responding throughout the pandemic. In addition, HCAOA presented a three-part Webinar series outlining how agencies can provide care for COVID patients. To view those, [click here](#).

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Home Care Agencies Rise to the Occasion Throughout COVID Outbreak



Bradley Needham - Bayada, Delaware



Roslyn Foreman - Bayada, Delaware



Kelly Takemura - SelectCare, NYC

A RECURRING THEME THROUGHOUT THE PANDEMIC has been the resilience of home care, and how vital it is to help protect seniors and prevent the disease's spread. As mentioned in our last Value of Home Care report, home care clients are nearly 10% less likely to require hospitalization. And home care clients require 25% fewer doctors' visits. In driving down demand for chronic care at hospitals, home care was vital in helping to clear the lane for acutely ill COVID patients.

To maintain this protective position, home care agencies need to be prepared and concentrate on concise and continuous communication.

"There was a whole bunch of unknown at the beginning," said Brad Needham, Director at Bayada in New Castle, Delaware. "We needed to have an answer for all of our clients and patients and their families, as well as our caregivers and office staff. There were plenty of questions from all sides."

"The biggest immediate change was how we interacted within our communities whether it be the workplace, during transit, shopping for supplies, or in our homes/apartments," said Kelly Takemura, Director of Nursing at SelectCare in New York City. "Being at the epicenter of this pandemic, in a heavily congested metropolitan area, it is very difficult to practice 'social distancing.'"

How Home Care Progressed During the Initial Outbreak

Needham said that education has been the most important step for his caregivers. "There's a big download to do with each individual before they go into a home. Not only do they need to have access to personal protective equipment, but they need to know the proper steps in removing and disposing of PPE, when to don and remove it, and they need to make sure that everything fits. For some of our caregivers who have longer shifts, keeping a mask on for 12 hours and completing duties is a huge challenge. You have to cross every 't' and dot every 'i.'"

But education can only be useful if caregivers have access to PPE. Home care agencies have had to band together in many occasions to ensure that vital equipment makes it to the front line.

"We had sufficient supplies to meet immediate needs; however, it became apparent within days that our inventory was depleting rapidly," said Takemura. "Access to approved PPE through reputable vendors became increasingly challenging up until recently. We have been able to sustain an adequate supply of PPE onsite by consistently contacting known vendors and utilizing alternative channels. This included contacting other home care agencies to obtain additional vendor resources in addition to asking staff to reach out to members of their community to identify possible resources."

Needham tells a similar story. "The biggest issue, by far was securing PPE," he said. "Once we did that, we felt ready to respond. I found myself running fit test serums for our N95 masks between my house and two or three other locations here in Delaware to ensure that we could make our PPE as effective as possible."

"Unconventional methods to source suppliers becomes a full-time job in and of itself," said Takemura.

Taking Care of the Caregivers

The impact to caregivers has gone beyond the physical risk, however. With child care services closed to most Americans, many home care workers have been unable to take their assignments. Additionally, some caregivers have had family contract the virus, or have contracted it themselves.

"From our end, we've tried to be as fair to our caregivers as possible," said Needham. "Bayada has a relief program in place for our caregivers who have lost client hours, had to decline work due to child care, or have gotten ill themselves. And where it's been

continues on next page >>

A Sample COVID-19 Playbook

"The first and most critical step was to put information out there regarding our specific plan of action to get ahead of the crisis," said Takemura. "Decisiveness and overcommunication was the key to mitigating fears and anxieties. We created a general outline of steps taken that helped us protect employees and clients focused primarily on infection control, education, and safety."

The specific needs of your agency will vary, but in general the following items will be vital to any public health crisis:

- Education on identifying symptoms suggestive of COVID-19
- Education on self-monitoring and plan for whom to contact if the employee and/or client develop symptoms suggestive of COVID-19
 - Education on immediate action to be taken if the employee develops symptoms suggestive of COVID-19 while on duty
- Enhanced screening practice: ALL employees are screened for suggestive symptoms of COVID-19 prior to start of shift
- Reinforcement and promote handwashing upon arrival to work and throughout shift
- Education on cleaning and disinfecting high-touch surface areas
 - Confirmation of disinfectants in the home
- Review of risks incurred if they continue to work while symptomatic to general public
- Distribute N95 masks, surgical masks, and gloves at minimum to all employees
 - Strictly enforce mask mandate while on duty
 - Additional PPE provided to those with suspected or confirmed COVID-19
 - Evaluation and confirmation of PPE competency donning/doffing
- Confirmation of thermometers in the home
 - Distribution of thermometers were provided if needed
- Consideration for home care for the suspected or confirmed COVID-19 client is contingent on the RN assessment as to whether the residential setting is suitable for home care, if appropriate caregivers are available to provide safe and effective in-home care, and available inventory of PPE
 - Employees who are actively working with suspected or confirmed COVID-19 clients cannot be assigned to other clients
- Implement alternate travel plans for caregivers as needed
 - Prior to the MTA implementing Essential Service Plan system wide, we saw a significant reduction of commuters including transit workers and police presence with an increase in homelessness; essential personnel, especially women, were increasingly vulnerable to targeted harassment and assault
- Suspension of routine in-home nursing supervisor visits
 - Implementing use of remote technology in place of in-person visits

>> *continued from previous page*

necessary, we've worked with the state to ensure that unemployment claims are met and paid out."

Additionally, home care agencies have found some relief in the Paycheck Protection Program, which was issued as part of the CARES Act in March. The PPP offers forgivable SBA loans to small businesses who can keep their staff on payroll and working, and at press time, both houses of Congress had passed a bill that offered small businesses like home care agencies additional flexibility in deploying funds from that program.

"Despite our operating revenues being down, [the PPP] has allowed our company to continue to pay our fixed business expenses plus maintain paying our internal staff their full salaries and benefits," said Takemura.

Well-prepared agencies like Bayada have even been able to pick up the slack where competitors have pulled back care. "In the most extreme case, an old client called us in because their agency wasn't going to come," said Needham. "Our Clinical Manager, Roslyn Foreman, went above and beyond, coordinating with our client services manager to find caregivers for that client, in the midst of the initial rush of the pandemic, in the course of a day."

The Road Ahead

Both Takemura and Needham agree that caregivers and the industry at large need wider protections as the country recovers from the first wave of COVID-19. "We definitely need some form of hazard pay," said Needham. "At the moment, depending on the state you operate in, caregivers are incented to head to deliver care in partnership with a facility given that those facilities can offer more money than an in-home client."

"The home care industry needs acknowledgement as an essential part of the larger health care continuum," said Takemura. "On a more specific level, we need better collaboration with hospital/rehabilitation discharge planners as it relates to the COVID-19 client. For example, we have had to request for retesting prior to discharge to ensure that the home care plan reflects the client's current COVID-19 status."

While overall daily cases are down from the peak in March, home care agencies should still maintain their preventive protocols. "With spring arriving, there's perhaps a sense of optimism that COVID-19 is behind us and a return to our 'new normal' is within reach," said Takemura. "New Yorkers, who we serve at SelectCare, and Americans in general, must keep in mind that COVID-19 continues to be a threat; therefore, relaxing on social distancing restrictions and face mask mandates with the warmer weather increases risk for infection."

Whatever happens over the summer, caregivers will be a linchpin of the nation's efforts to keep care in the safest place: the home.

"The response of our caregivers has been magnificent," said Needham. "We've been able to take care of a lot of people during this time. Our front line workers have been able to step up and carry out their cases and shifts."

Agencies and Caregivers Come Together to Advocate for Home Care and Demonstrate *The Power of Five*

THROUGHOUT THE PANDEMIC, the home care industry has come forward in droves to advocate for the industry's future. Over 7,300 home care agency workers came forward to send nearly 25,000 messages to members of Congress to demand that home care be recognized as health care in all phases of the federal response to the COVID-19 outbreak, and a further thousand-plus send messages to advocate for frontline caregiver protections in the next phase of relief spending.

Most recently, we've been working to demonstrate all the ways that caregivers protect their clients and prevent the spread of COVID-19. One of the ways we've done this is through the Power of Five campaign.



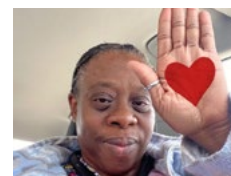
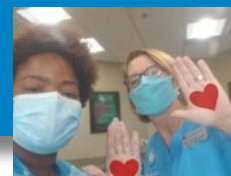
The campaign seeks to amplify the five things that caregivers can do to protect their clients and protect the spread of COVID-19: wash hands, disinfect surfaces, check clients for fever or symptoms daily, maintain a safe distance, and check in regularly. We communicate this power through photos on the HCAOA social media feeds using the image of a heart in a hand — illustrating that the power to protect and prevent rests in all of our hands.

The Association and its members also put out a call to caregivers to demonstrate the nationwide impact that caregivers can have in the fight against COVID. We collected over 300 images from caregivers from around the country. Members stepped forward to donate money so that we could buy 100 caregivers lunch in April.

Our members have taken that goodwill, and begun to drive direct advocacy for caregivers, the front line workers in the fight against COVID. Members have stepped forward to identify themselves as Caregiver Super Advocates — this includes reaching out to their Senators and Representatives to request a new Power of 5 to provide needed aid to home care workers:

1. Enhanced pay and recruitment incentives for home care workers
2. Benefits for child care
3. Priority for PPE
4. Enhanced Medicaid and other government programs' support
5. Qualified liability immunity for home care agencies

At publication time, the HEORES Act is still being debated in the Senate. Now is the time that home care managers and owners should become Caregiver Super Advocates by contacting their member of Congress to spotlight the critical work being done by our caregivers to protect older Americans and individuals with disabilities and to prevent the spread of COVID-19.



Becoming a Caregiver Super Advocate is Easy!

1 Prepare a letter to your representatives in Congress. You can find our letter template [here](#), and the emails for your U.S. Senators and Representatives [here](#).

2 Get others involved! Share our letter template with your employees or others in your organization or agency, and have them reach out to their representatives too!

3 Be a Caregiver Super Advocate: Send a picture of yourself holding up your hand (palm facing the camera) in support of our Power of 5 campaign. You can email your picture to: hcaoa@powersagency.com. Also in the email, please include your name, the name of your company, and the number of Caregivers you employ. We'll share these on our website and other advocacy efforts and your name will be added to the HCAOA's Caregiver Super Advocate Honor Roll.

How Do You Prepare a Home to Protect and Prevent?



Home Care is a critical piece of how the health care system addresses the COVID-19 pandemic. Home care is one-to-one, meaning the number of contacts for seniors — the most vulnerable population — is kept to a minimum. And in non-pandemic times, home care represents a \$25 billion annual savings in hospital costs — freeing up resources that can be used to treat acute COVID patients.

With that in mind, we asked the HCAOA Medical Advisory Council what home care agencies and caregivers can do to make sure a home is prepared to protect their clients and prevent the spread of the disease.

What is the most important thing that a caregiver can do to set up their clients' homes to limit the chances of transmitting infections like COVID?

Request an isolated space to don and doff PPE upon entering and leaving the home. Request an independent sink, if possible, to wash hands with anti-bacterial soap and paper towels. Execute tasks of independent care plan in an efficient manner to maintain proper distancing from the client as much as possible.

Are there preparations that caregivers can make if their client is in a small space (i.e. a mother-in-law suite, a small apartment in a city)?

Maintain proper PPE and infection control during the duration of the visit. Request that the client wear a face mask, if agreeable, during the course of the visit.

Are there different precautions that caregivers need to take in a rural area?

No, universal precautions and infection control as advised by the CDC should be taken in all areas and geographical locations.

Which room carries the most risk for disease transmission, and what can caregivers do to mitigate that?

The dining area carries the most risk as face masks cannot be worn while eating. The kitchen has the majority of items that enter the home from the outside that may carry bacterial germs, i.e. plastics, cardboard, paper. Further, cross contamination may occur if regular dishes and utensils are used in lieu of disposables.

Other than PPE, what's a must-have for clients who require home care?

A good emergency plan should a client begin to feel ill. A client should have an itemized plan of what steps to take and whom to call if he/she begin to have signs/symptoms of any illness. Further, each client should have a good infection control plan and the caregiver should urged to practice and encourage such at all times.



COVID-19:

What Every Caregiver Needs To Know

By Steven C. Fox, D.O.

“KNOWLEDGE IS POWER.” That saying has never been truer when it comes to COVID-19. The more you know the better you will be able to safely and effectively provide care for your clients and maintain not only your health but also your family's. Like measles, chickenpox and HIV, COVID-19 will continue to be a health risk for years and years to come. The pandemic may even be worse this fall. The skills you learn today, will be used from now on. Your ability to care for COVID-19 clients will distinguish you and increase your value as a professional and essential health healthcare worker.

The history of pandemics has shown that they don't simply just go away. The Black Plague came back six times over 50 years.

Spanish Influenza may have started in 1918 but came back in 1919 and 1920. COVID-19 will spike again this fall and winter. This time we will be better prepared with knowledge, testing and PPE. The need for qualified and trained CNA's and home care aides will never be greater.

COVID-19 is a novel (new) coronavirus. Many “common colds” are caused by other types of coronaviruses. COVID-19 did not come from or escape from a virus laboratory. The virus likely jumped from a bat to infect a human, months or even years ago. In the process, it became lethal after mutating several times.

The mutations resulted in a protein spike on the outside that can firmly attach itself to cells deep within the lungs, heart and other organs in the body. There have been several mutations of COVID-19 since it first appeared. The good news is that none of these have increased its ability to infect or kill humans. It is unlikely that that will happen in the future.

One thing that hasn't changed is how people get infected.

It can only get into the body through the mouth, nose or eyes. The two most powerful tools we have against COVID-19 are washing your hands and face masks. Good old soap and water used to thoroughly wash your hands effectively kills the virus. Wearing a face mask, even a cloth one has been shown provide protection from you getting infected and infecting others. Wear them in public and always when you are providing care to your client.

A cough or a sneeze can release as many as 200 million virus particles. No one knows for sure but it's been estimated that if you breathe in about 100,000 virus particles you'll be infected. The

virus particles ride along inside tiny respiratory droplets. Most fall on the ground within a few feet of the person. Some studies have shown that a sneeze can spread droplets as far as 22 feet. It's also been shown that the simple act of talking can spread droplets.

When you consider that as many as 40% of people who are infected with COVID-19 are asymptomatic and that people who will be sick also spread the virus before their symptoms appear, you have to keep practicing social distancing and wear a mask.

This is especially true out in the community and will help protect your family.

As a CNA or Home Care Aide you know that social distancing is impossible to do with your client. Most everything you do will bring you into close contact with your client for long periods of time. If you are caring for someone who had tested positive and was treated in the hospital and discharged your risk would be considered very low or none. If they are recovering and it has been over 10 days since their symptoms began they have developed some immunity and no longer spreading infective virus.

For any client who has been exposed, tested positive or symptomatic for COVID-19; room isolation, use of PPE and area disinfection must be practiced. Unless you are dealing with urine, stool or other body secretions, gloves and gowns might not be necessary. In all cases though, you need to wear a face mask and face shield to avoid infection through your eyes. Before entering and immediately after leaving the clients room complete and thorough handwashing must be done.

If you follow these guidelines and procedures, appropriately use PPE, handwashing and disinfection can you safely care for a COVID-19 client. The research evidence says yes. Remember, the home is not like the hospital. The patient and the things that are done to them in the hospital are far riskier. The volume of sick patients being intubated, on ventilators and undergoing breathing treatments creates a huge viral load in the air.

Is there a risk and taking care of a COVID-19 client at home? Of course, but it is probably less than the risk when traveling in the community or going to the grocery store.

Steven C. Fox is a licensed physician, co-founder and Medical Director at Wellspring Personal Care.

HOME CARE CAN BOUNCE BACK STRONGER



By Angelo Spinola and Clayton Nezda

OPERATING A HOME CARE BUSINESS, like any business, is full of daily challenges. Navigating these waters amid a global health pandemic, while the federal government is moving faster than ever and states and municipalities are passing legislation at an unprecedented rate, makes this feat even more complicated. Couple these challenges with agencies struggling to understand the ever-changing guidance for keeping clients and caregivers safe while maintaining service levels when caregivers can earn more money by not working via unemployment, and these adversities can feel overwhelming.

The reality is that COVID-19 has brought on unprecedented levels of uncertainty, pushed many pre-existing operational deficiencies to the forefront of the attention of many home care businesses, and created an insurmountable hardship for some. However, there is a silver lining. This added focus on operational integrity and legal compliance present an opportunity for agencies who successfully navigate these tumultuous times to bolster their businesses into ones that are fundamentally sound and far superior to what existed pre-pandemic. The most nimble agencies now run tighter ships with less overhead and are better prepared to address future legal challenges. These institutional modifications will have a positive influence on these organizations that will last far beyond COVID-19.

In addition to the barrage of legislative changes that are impacting our industry, we have also been forced into making changes to our personal lives, particularly as it relates to health screening precautions and social interactions with other people. These changes result in a “new normal,” one we’ve quickly become accustomed to, and some of these practices have been for the better, and are likely here to stay. For example, historically, the home care industry has been slow to implement new technology; however, one of the many ways home care companies have responded to this pandemic is reflected by the increased adoption rate of technology into their day-to-day operations. These advancements include the increased use of telemedicine, virtual family rooms to connect clients with family members, automation of employee and client screening tools, remote monitoring tools, portal technology, electronic wearables, and other connected devices, and a more focused use of big data. Many agencies have also turned to virtual interviews, training, meetings, and general check-ins with their workforces, who have always worked remotely. Agencies are communicating with their caregivers and clients more than ever before to protect them, resulting in many workers and clients feeling more connected and appreciated. This communication practice is likely to lead to lower turnover, more client loyalty, and improved work culture.

“The reality is that COVID-19 has brought on unprecedented levels of uncertainty, pushed many pre-existing operational deficiencies to the forefront of the attention of many home care businesses, and created an insurmountable hardship for some.”

“Home care providers are now recognized as health care providers, essential services, and first responders in numerous federal and state laws and city ordinances. We can directly and proactively influence legislation and regulation for the betterment of our industry rather than responding to ill-informed legislation retroactively.”

Another positive and permanent change our industry is experiencing is an increased focus on legal compliance. The home care industry was already a frequent target for litigation and government audits before the coronavirus outbreak. The recent trend of increased regulation at a state and municipal level made it even more difficult for agencies to stay compliant. COVID-19 put this trend on steroids, with an unprecedented volume of legislation that has far-reaching implications on home care agencies. These include the Family First Coronavirus Response Act (FFCRA), the Paycheck Protection Program (PPP), the Coronavirus Aid, Relief, and Economic Security Act (CARES), and the proposed Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act), state and municipal leave, unemployment, safety, and shelter in place laws as well as a cornucopia of revised and conflicting guidance that resulted in a lot of change and confusion related to the providers' legal responsibilities. Historically, rapid changes in the law resulting in varying legal interpretations lead to an increase in lawsuits. Similar to the myriad of cases that started being filed at the end of 2015 resulting from modifications to the companionship and live-in exemptions, agencies are anticipating a post-pandemic surge of COVID-19 related litigation. The difference now is that many operators are better prepared because they have focused on compliance efforts and litigation armoring in anticipation of these legal challenges.

Another positive change that appears permanent is the increased recognition of home health and home care services' importance within the health care continuum. Lawmakers and society at large better understand the value of keeping seniors safe at home and the tangential benefits that come with the same. The industry rallied together like never before to speak with one voice to influence the legislative decision-making process directly and finally take its seat at the negotiating table with the insurers and acute care providers. Home care providers are now recognized as health care providers, essential services, and first responders in numerous federal and state laws and city ordinances. We can directly and proactively influence legislation and regulation for the betterment of our industry rather than responding to ill-informed legislation retroactively.

Concerning the overall financial picture, many agencies have experienced an initial downtick of service requests due to COVID-19 as a result of people isolating from others. In some

cases, clients have suspended services temporarily, whereas others have canceled services altogether. We expect that this decrease in revenue will be temporary. Indeed, some agencies have experienced an increase in revenue from specific clients by transitioning those clients to shelter in place programs. The client is kept safer by extending the service hours and minimizing the caregiver's outside exposure via conversion to extended shift or live-in services.

Further, several agencies are rebounding nicely as shelter in place orders are lifting, and new client opportunities are developing. The unfortunate COVID-19 outbreaks at several senior living facilities and other group care settings have highlighted that it's safest for seniors to receive care in their homes. The home care industry was already experiencing a surge in demand as our population ages, and the current societal shift towards social distancing is likely to accelerate that growth.

While there are positive changes that will mark our industry for the long-haul, there are significant challenges and uncertainties ahead that require vigilant preparation and narrowing the playing field. The unfortunate truth is that there will likely be further consolidation of the industry due to the economic backlash of COVID-19 that many agencies do not have the financial resources to survive. The federal government has provided temporary relief for some. However, the impact of a consumer unemployment rate expected to approach 20% by the end of May will carry long term repercussions, particularly as it relates to the ability to pay for private duty agency services. The generous unemployment benefits provided to caregivers under the CARES Act has also led to a workforce shortage for many employers as some employees are choosing the increased pay offered under this program over available work. How this issue ultimately gets resolved is not yet clear and may come too late for many home care agencies.

Although we face challenging times ahead, we are confident that this industry has the determination and grit to come out of this pandemic stronger than ever, and that's a great thing, for a healthy and better home care industry results in a healthier and better world for everyone. Stay safe and keep your head up! The work you are doing is needed now more than ever before.

Angelo Spinola is a shareholder with Littler Mendelson, P.C., focusing on employment law. Clayton Nedza is a Homecare Toolkit Coordinator with Littler Mendelson, P.C.

Chapters Mobilize to Protect Home Care During Pandemic

WHILE THE FEDERAL RESPONSE TO COVID-19 focused on big-picture items, many state governments focused their efforts on minimizing contact points for essential workers, and extending Medicaid funding to essential workers. For the home care industry, most efforts were directed at being involved in those conversations so that agencies could continue serving the most vulnerable population during this pandemic – seniors.

“As an active chapter, we have a great lobbying partner in Leslie Emerick, who has been able to get us to tables that we didn’t even know existed,” said Shawn D’Amelio, Chapter Chair in Washington.

In addition to pursuing essential recognition and funding from their state legislatures, HCAOA chapters banded together to find new

ways to share information and discuss the challenges of delivering quality care in such a fraught period. Chapter leadership in Illinois, Washington, Florida, Arizona, Connecticut, Virginia, New York, Michigan, South Carolina, and California were able to adapt and hold formal and informal online sessions, joined often by Executive Director, Vicki Hoak, and federal lobbyist, Patrick Cooney, which helped to answer questions about the specific challenges facing agencies during COVID-19 and facilitate information sharing among membership.

Here are a few of the legislative wins our chapters helped procure for the industry, caregivers, and seniors.

Washington Sees Home Care Named Top-tier for PPE, Waivers for In-person Licensing Checks

In May, Hospice, Home Health and Homecare were classified by the Washington Department of Health as Tier 1 for the Prioritization of PPE. Additionally, the State Department of Social and Health Services extended a rate increase to home care agencies, among other essential businesses.

Finally, the DOH approved several waivers for in-person checks on home health and hospice In-Home-Services agencies, including background checks, caregiver evaluations, and plan of care updates.

Illinois Suspends In-Person Supervisory Visits for Home Health, Home Care and Home Nursing Agencies

In April, the Illinois Department of Public Health issued guidance suspending RN and Agency supervisory visits required under Illinois’s licensing laws.

IDPH has determined that electronic visits conducted via telephone, video chat, Facetime, Skype, or other means are sufficient to “ensure the health care aide furnishes care in a safe and effective manner by following the patient’s plan, is competent with assigned tasks, complies with infection prevention and control policies and procedures, reports changes in the patient’s condition, honors the patient’s rights, and maintains open communication.”

Michigan Dept. of Health and Human Services Offer \$2/hr Hazard Pay for Medicaid Agencies

Michigan extended an additional \$2 per hour to caregivers who participate in Medicaid, according to guidance issued at the beginning of May. The pay extension must be applied directly to caregiver wages for work performed in April, May and June.

The Michigan HHS advises that direct care workers should still follow guidance issued in March titled “Actions for Caregivers of Older Adults During COVID-19” along with the document “Actions for Caregivers for Older Adults Addendum – Frequently Asked Questions.” These documents describe recommendations for in-home direct care workers and methods to assure a face-to-face visit is needed.

Florida Chapter Wins Several Exceptions and Extensions for Home Care

The Florida chapter won several concessions for their caregivers and businesses from the governor’s office and the Agency of Health Care Administration (AHCA). The chapter received a letter from Governor DeSantis within the first few days of lockdown confirming home care as essential work. Concessions from AHCA include:

- Extended the time needed for expirations for CPR and worker licenses.
- Extended the expiration dates for home care agency licenses.
- Exception to the state law that mandates home care agency offices be open 8 consecutive hours per day on weekdays. This has been excepted to allow for remote work.
- Exceptions to the background screening process. Home care agencies in the state are required to have fingerprinting for a Florida Department of Law Enforcement and FBI background checks. This has been excepted because many fingerprinting sites were closed due to the pandemic.

At press time, the chapter was working on clarity regarding home care worker access to long term care facilities. Currently, required documentation for home care agencies that have clients at care facilities is unclear and inconsistently applied.



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Testing for COVID-19

AN ONGOING REALITY

By Patrick Cooney, HCAOA Federal Lobbyist

Over the past several months, Congress and the Trump Administration have been working to address the spread of the coronavirus (COVID-19). Four laws have been enacted that are meant to support workers and employers, address the needs of states and hospitals, and implement a plan for testing.

Whether Congress will continue to enact further legislation is under debate now. At press time, the House of Representatives had passed the HEROES Act, a \$3 trillion relief package that is now under consideration by the Senate. However, concerns are growing over the debt that is being incurred and what type of assistance is needed at this time. HCAOA expects some action by the Senate in early summer and is actively engaged in these discussions to ensure home care providers' concerns are heard.

One thing that is clear is more testing for COVID-19 will continue for the foreseeable future and states are endeavoring to meet the demand. In late May, the Administration released its **Report to Congress: COVID-19 Strategic Testing Plan**. The report provides some helpful explanations of what testing involves and insights into progress being made. HCAOA is highlighting here various aspects of the report the Administration provided to the Congress to inform your efforts to protect your workers and clients. The full report can be found [HERE](#).

COVID-19 Related Testing

The Administration's Testing Overview lays out an 8-part plan in three stages:

STAGE 1: Launch

1. Build the foundation for diagnostic testing
2. Mobilize the private sector to develop tests
3. Issue emergency use authorizations (EUAs) for tests
4. Galvanize commercial and research laboratories and professional associations to ramp up testing capacity
5. Facilitate State efforts to access and utilize all available testing capacity

STAGE 2: Scale

6. Identify and expand public and private-sector testing infrastructure and capacity
7. Strengthen the supply chain for testing

STAGE 3: Support Opening Up Again

8. Coordinate with governors to support testing plans and rapid response programs

Testing for the presence of active infection provides critical information that can be used to manage the COVID-19 response. There are three primary purposes for active infection testing:

- **Diagnostic Testing** is used to confirm or support a clinical diagnosis of viral infection in symptomatic individuals and inform treatment and implement preventive measures to contain further spread.
- **Testing for Contact Tracing** is a process to trace, test, and monitor persons that may have been in contact with infected individuals. This type of testing supports the identification and rapid isolation of new cases or those with presence of virus and no symptoms and helps to prevent further spread.
- **Surveillance Testing** is used to limit the spread of disease and enable public health authorities to assess and manage the risks associated with COVID-19, including testing asymptomatic individuals. Objectives of surveillance include enabling rapid detection, isolation, testing, and management of suspected cases; guiding the implementation of control measures; detecting and containing outbreaks among vulnerable populations; and monitoring long-term epidemiological trends.

In addition to testing for an active infection, testing for a previous infection is performed using serologic tests. Serology (antibody) testing complements diagnostic testing (testing for active infection) by evaluating the prevalence of individuals in a community and across the U.S. who were previously infected by the virus. **At this time, a positive antibody test does not indicate with certainty that an individual is immune to reinfection.** Additional studies are ongoing to determine if the presence of antibodies to the virus, and at what levels, correlates with protective immunity.

The specific number of tests that are required in each state, and in each geographical region within each state, depends on numerous factors, including but not limited to:

- **The percent positives in a state, territory, or tribe.** The World Health Organization (WHO) set an objective that the percent of tests being positive should be 10 percent or lower, demonstrating that 10 times as many people are being tested as have the disease. This indicates enough testing exists to ensure broad coverage of the population. The amount of testing needed in a community is situational (based on geography, transmission, vulnerable populations, etc.), but in general, achieving this benchmark begins to ensure rapid diagnosis of symptomatic and asymptomatic individuals.
- **The characteristics of the population.** Areas with large numbers of individuals at high risk of contracting or transmitting the virus, or who may be highly vulnerable for having poor outcomes, will require increased surveillance testing.
- **The degree of mitigation employed in that community.** Mitigation strategies such as social distancing help control the spread of disease. In areas where mitigation strategies are strictly implemented, there will be less contact tracing needed and less concern of spread to vulnerable populations. When mitigation measures are relaxed, the number of social contacts will increase as does the potential risk of infection — making widespread testing and early warning more critical than during full community mitigation.

In addition to the factors listed above, there are many additional considerations, such as the availability of resources; presence of concurrent, seasonal respiratory infections (such as influenza); and the prevalence of potentiating risk factors among communities, such as asthma or diabetes, that must be taken into account when developing and or adapting a testing strategy. Therefore, the testing strategy, as well as the specific quantitative goals for testing, should be continually informed by epidemiological data as well as our evolving understanding of the ecology of the virus.

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The Centers for Disease Control and Prevention (CDC) has issued guidelines for who has priority for diagnostic testing:

High Priority

- Hospitalized patients **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms

Priority

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

In areas where mitigation strategies are strictly implemented, there will be less contact tracing needed and less concern of spread to vulnerable populations. When mitigation measures are relaxed, the number of social contacts will increase as does the potential risk of infection — making widespread testing and early warning more critical than during full community mitigation.



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Interim State Plans

The Paycheck Protection Program and Health Care Enhancement Act requires each state or jurisdiction that is receiving funding for testing to submit to the U.S. Department of Health and Human Services (HHS) a specific testing plan, guided by ongoing technical assistance from the Department. Plans for May and June were due to HHS at the end of May, and in early summer for the remainder of the year.

As a precursor to these formal plans, HHS has provided each state with technical assistance to establish state goals and to help fully utilize its existing testing capacity. Specifically, a multidisciplinary Federal team with experts from the Office of the Assistant Secretary for Health (OASH), FEMA, CDC, and other agencies held calls with leadership from each state and territory. In general, state participants included a representative from the Office of the Governor, the state public health laboratory, the state health official, and the state epidemiologist — or their equivalents.

Concerns in Congress

Some in Congress are complaining that the plan for testing is late and places too much responsibility on cash strapped states, creating a patchwork of outcomes rather than a cohesive national plan. It is certain that the Congress and Administration will continue to dialogue and debate as States roll out their plans in the coming weeks and months.

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