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Happy clients refer their friends.
Happy clients grow your business.

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The 6th Annual Edition of the
PRIVATE DUTY
BENCHMARKING STUDY

The Most Comprehensive National Study for the Private Duty Home Care Industry

Conducted by HOME CARE PULSE®
Empowering Excellence in Home Care

Endorsed by Home Care Association of America
Thank you to all of our 2015 study sponsors, specifically The Home Care Association of America (HCAOA), for your incredible support and valuable contributions to this study.

Thank you to all of our 2015 participating organizations for promoting national participation and furthering the purposes of this study.

We also appreciate the support of many other industry leaders and, of course, all those who dedicated their time to participate in the study. Your support made this study a success!

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Introduction

The Year of the Caregiver

Written by Aaron Marcum, Founder of Home Care Pulse® and the Annual Private Duty Benchmarking Study

This year’s study has given many valuable insights into the industry. With six years of data gathered, we’re now able to clearly see trends that are impacting home care providers, as well as anticipate things to come. Nowhere is this more evident than in the areas of recruitment and retention, causing us here at Home Care Pulse to unofficially label 2015 as “The Year of the Caregiver.”

THE YEAR OF THE CAREGIVER

The clearest example of this involves the question in the survey, “What do you see as your top three threats to the future growth of your business in 2015?” The survey provided three drop down lists of 20 options to choose from, as well as “Other” fields to add things not listed. Out of every option provided, 62.8% of home care providers chose “Caregiver Shortages” as one of their top three. Compare this to last year with 48.9% and you see an alarming trend that is only represented further by other data points in this study, as well as conversations we’ve had with partnering organizations and individual providers alike. Caregiver recruitment and retention are top of mind, and negatively impact more than 75% of home care providers.

This is just a prediction, but I believe that in 5-10 years, when the baby boomers reach the point where they are more anxiously looking for home care services, agencies who find themselves in the 50th percentile or higher on caregiver turnover will be unable to meet the increase in demand. The data is clear, and home care providers need to plan for what’s to come. But despite the increase in concern, there is a methodological approach to decreasing caregiver turnover that any home care business owner can implement, and it addresses both recruitment and retention.

RECRUITMENT

When providers feel the sting of caregiver shortages, the knee-jerk reaction is to cast the largest recruitment net possible and fill the positions quickly with anyone who can pass a background check. And while recruitment is the first step in combatting caregiver shortages, the answer doesn’t lie in quantity, but quality.

Whether consciously or subconsciously, when the goal with recruitment is to attract as many applicants as possible, we sometimes exaggerate the positive and focus on what the caregiver will be doing. Perhaps we post...
Introduction

a job ad that goes something like, “Do you love the elderly? Leading home care company hiring compassionate caregivers to help the elderly in their homes. Duties include bathing, meal prep… Must have at least 6 months of caregiving experience, clean driving and criminal record. Apply online or in person at…” Does this sound familiar? Maybe you have your own version of this out there right now, attracting scores of candidates. And since that’s the goal, mission accomplished, right?

Unfortunately, the problem lies in the fact that being a professional caregiver is difficult work. Much more physically, mentally and emotionally taxing than most careers. By focusing on the positive aspects of the job and what is required, your applicants’ motives can vary wildly, along with their loyalty. They have a high-level understanding of what the job is, but what they lack is the why.

Instead, make it your goal to attract and hire caregivers who share your why, meaning their motivations match yours. A job posting that attracts caregivers who share your why might look something like, “At [agency name], we are a close knit team and we rely on each other to ensure our clients receive the highest quality home care possible. We only hire committed, professional caregivers who love working with the elderly during all hours of the day and night. We do what we do because we want to make a positive impact on the lives of those we care for. We expect this same level of passion from every team member. Only apply if you can live by our high standards of care and want to be challenged daily. Please do not apply if your main purpose is to find any job that will get you by in the short term. If this is you, applying here will only waste your time, and ours. However, if your purpose is to find a career that will help satisfy your desire to serve others, we would love to visit with you. Recently awarded Best of Home Care – Employer of Choice Award, a national award based on the satisfaction of our professional caregivers. [Continue with description of duties].” An ad like this will likely attract fewer applicants, but those who are interested will be committed, because they’re the ones who “get it.”

RETENTION

Even when you have the right caregivers, keeping them satisfied and motivated can be a challenge. We refer to this as “satisfaction management”, and it involves several efforts focused on truly understanding your caregivers and creating an environment where they feel like they’re thriving.

Many home care business owners feel like what’s required is more money. “My caregivers are unhappy, but I just can’t afford to pay them any more money.” Perhaps you’ve had similar thoughts to this, which can make you feel powerless to improve satisfaction. But pay rate is only one factor impacting employee satisfaction. According to data gathered by Home Care Pulse through interviewing thousands of caregivers monthly, found on page 147 of this study, only 14.1% percent of caregivers report preferring a pay raise as a “thank you” for doing a good job. This means that improving your employees’ satisfaction doesn’t necessarily require higher wages, but could involve something as simple as verbally recognizing and celebrating your employees for the work they do.

To retain your caregivers, you need to understand them. Know what they like about your agency, as well as what they think could be improved. Be open and vulnerable, and take feedback graciously. If you’d like to gather unbiased feedback from your caregivers, contact Home Care Pulse and we can help. But keep in mind that gathering feedback is great, but only if you use it to implement positive change for your employees.

BE REALISTIC

Have you ever been in a speeding car when the driver all of a sudden changes direction without warning? Anything in the vehicle not attached to something starts to fly around and the passengers get a good scare. Depending on how scary the experience, the passengers may even insist on exiting the vehicle. Applying this to your business, if you try to change
direction too quickly, your employees might become a little uneasy. If you’re in the 65th percentile for caregiver turnover and you want to be in the 40th over the next twelve months, even though it may be possible, I would encourage a more moderate approach. Improving by even 10% this year would be a great accomplishment, while not bogging you or your team members down.

On behalf of the Home Care Pulse team, we wish you a successful 2015 and look forward to interacting with each of you throughout the year. And as always, if there’s anything Home Care Pulse can do to help you gain more insight into your business, please don’t hesitate to reach out.

Thank you,

Aaron Marcum

ABOUT THE AUTHOR

Aaron Marcum is the Founder and CEO of Home Care Pulse, the leader in research, quality satisfaction and performance benchmarking for the private duty home care industry. He is also the creator of the annual Private Duty Benchmarking Study. Before starting Home Care Pulse, Aaron owned and managed his own successful private duty home care business in Salt Lake City, Utah. Aaron has a passion for helping this industry grow, and is well-known for his leadership among entrepreneurs in home care. To learn how Home Care Pulse can help you achieve your long-term growth and success visit www.homecarepulse.com.

Contributing Author: Chris Marcum, Director of Marketing

Over the six years of conducting the study, we have realized some data points do not change dramatically from year to year. In order to provide the most information, while keeping the online survey simple to complete, we have included data from the 2014 Private Duty Benchmarking Study. When you see the 2014 Study cover (image at the left) this denotes the information was taken from the 2014 Private Duty Benchmarking Study.
Overall Participation Summary

1.1 Total Participation - Historical

<table>
<thead>
<tr>
<th>Study</th>
<th>Total Providers Participated</th>
<th>Total Locations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>523</td>
<td>701</td>
</tr>
<tr>
<td>2011</td>
<td>829</td>
<td>1054</td>
</tr>
<tr>
<td>2012</td>
<td>608</td>
<td>979</td>
</tr>
<tr>
<td>2013</td>
<td>558</td>
<td>965</td>
</tr>
<tr>
<td>2014</td>
<td>617</td>
<td>880</td>
</tr>
<tr>
<td>2015</td>
<td>551</td>
<td>701</td>
</tr>
</tbody>
</table>

**Total Providers Participated** represents those businesses who shared financial, sales & marketing, operations, and caregiver information for all of the locations in which they operate.

**Total Locations Represented** is the total number of locations owned or operated by those who participated in the survey.

1.2 Industry Growth - Historical

53.5%

2014 Industry Growth
Between 2009 - 2014

Based upon the number of new providers who started business over the last five years, our survey shows the industry has grown 53.5%.
## Overall Participation Summary

### 1.3 Participation by Provider Type - Historical

<table>
<thead>
<tr>
<th>Year</th>
<th>Independent/Corporate Owned (Non-franchise)</th>
<th>Franchise</th>
<th>Part of a Home Health/Medicare Certified Agency</th>
<th>Part of a Larger Hospital System</th>
<th>Member of a Membership Network</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Study</td>
<td>10.0%</td>
<td>N/A</td>
<td>4.0%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2012 Study</td>
<td>8.2%</td>
<td>N/A</td>
<td>N/A</td>
<td>2.5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2013 Study</td>
<td>N/A</td>
<td>0.7%</td>
<td>N/A</td>
<td>N/A</td>
<td>2.9%</td>
<td>N/A</td>
</tr>
<tr>
<td>2014 Study</td>
<td>6.2%</td>
<td>1.9%</td>
<td>N/A</td>
<td>7.8%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2015 Study</td>
<td>10.7%</td>
<td>4.0%</td>
<td>N/A</td>
<td>3.9%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Legend:
- **Blue**: Independent/Corporate Owned (Non-franchise)
- **Blue**: Franchise
- **Orange**: Part of a Home Health/Medicare Certified Agency
- **Yellow**: Part of a Larger Hospital System
- **Green**: Member of a Membership Network
- **Green**: Other
1.4 Participation by Years in Business - Historical

Overall Participation Summary

<table>
<thead>
<tr>
<th>Year</th>
<th>1 Full Year</th>
<th>2 Years</th>
<th>3-4 Years</th>
<th>5-6 Years</th>
<th>7-9 Years</th>
<th>10+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Study</td>
<td>12.6%</td>
<td>10.5%</td>
<td>11.1%</td>
<td>18.9%</td>
<td>28.4%</td>
<td></td>
</tr>
<tr>
<td>2012 Study</td>
<td>12.2%</td>
<td>10.8%</td>
<td>12.6%</td>
<td>16.9%</td>
<td>20.8%</td>
<td>26.7%</td>
</tr>
<tr>
<td>2013 Study</td>
<td>13.1%</td>
<td>12.9%</td>
<td>12.9%</td>
<td>17.6%</td>
<td>15.6%</td>
<td>27.9%</td>
</tr>
<tr>
<td>2014 Study</td>
<td>8.8%</td>
<td>8.4%</td>
<td>11.5%</td>
<td>17.3%</td>
<td>15.3%</td>
<td>38.7%</td>
</tr>
<tr>
<td>2015 Study</td>
<td>5.9%</td>
<td>7.0%</td>
<td>19.4%</td>
<td>21.6%</td>
<td>15.8%</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

Legend:
- 1 Full Year
- 2 Years
- 3-4 Years
- 5-6 Years
- 7-9 Years
- 10+ Years
1.5 Participation by Number of Locations - Historical

- **1 Location**: 70.0% (2011), 69.9% (2012), 74.0% (2013), 74.8% (2014), 64.1% (2015)
- **3+ Locations**: 14.0% (2011), 17.2% (2012), 12.6% (2013), 12.5% (2014), 13.9% (2015)

1.6 Participation by Populations Served - Historical

- **100K or Less**: 8.0% (2011), 7.0% (2012), 11.9% (2013), 21.6% (2014), 20.4% (2015)
- **250K - 500K**: 40.0% (2011), 40.5% (2012), 41.5% (2013), 46.9% (2014), 44.0% (2015)
Overall Participation Summary

1.7 Participation by U.S. State and Surrounding Regions for 2014

The map shows participation percentages by U.S. state and surrounding regions for the year 2014. The states are color-coded to represent different regions:

- Pacific
- Central
- Southern
- Great Lakes
- Northeast
- Canada

Each state and region is labeled with its respective participation percentage. The legend on the right side of the map indicates the color code for each region. For example, the Northeast region is depicted in red, while Canada is shown in green.
1.8 Participation by Geographic Location

To see which states are included in each geographic region, refer to the chart on the previous page.
Overall Participation Summary

1.9 Median Number of Caregivers Employed in 2014

1.10 Median Number of Clients on Service in 2014
1.11 Participation by Revenue Range for the 2015 Study

<table>
<thead>
<tr>
<th>Revenue Range</th>
<th>% Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 799K</td>
<td>22.7</td>
</tr>
<tr>
<td>$800 - 1,599M</td>
<td>28.0</td>
</tr>
<tr>
<td>$1,600 - 2,399M</td>
<td>21.1</td>
</tr>
<tr>
<td>Leaders - $2.4M+</td>
<td>28.2</td>
</tr>
</tbody>
</table>

1.12 Participation by Employer Model - Historical

### 2013 Study
- Employer-based model: 92.4%
- Registry model: 4.1%
- Both employer and registry-based models: 2.0%
- Other: 0.5%

### 2014 Study
- Employer-based model: 91.9%
- Registry model: 3.7%
- Both employer and registry-based models: 2.9%
- Other: 1.4%

### 2015 Study
- Employer-based model: 94.7%
- Registry model: 1.8%
- Both employer and registry-based models: 2.1%
- Other: 0.4%

Employer-based model: All of our professional caregivers are employed by our business
Registry model: All of our professional caregivers are treated as independent contractors
Both employer and registry-based models: Both employer and registry-based models are utilized in my business
Other: Other
1.13 Participation by Home Care Pulse® Users - Historical

- **2013 Study**
  - 31.0% Home Care Pulse Quality Satisfaction Management Users
  - 69.0% Non-Users

- **2014 Study**
  - 31.2% Home Care Pulse Quality Satisfaction Management Users
  - 68.8% Non-Users

- **2015 Study**
  - 31.2% Home Care Pulse Quality Satisfaction Management Users
  - 68.8% Non-Users

1.14 Participant Position Title - Historical

**2015 Study**

- 71.7% Agency Owner (5%+ Ownership)
- 13.5% Executive Level Manager (Less than 5% Ownership)
- 5.3% Executive Assistant/ Administrator
- 9.5% Other Position
1.15 Career Satisfaction

2015 Study

Survey participants were asked, “On a scale of 1-10, 10 being highly satisfied, how would you rate your overall satisfaction level with your current career in home care?”

- 52.6% Highly Satisfied (Rating 9-10)
- 38.7% Satisfied (Rating 7-8)
- 8.7% Less Satisfied (Rating 1-6)

1.16 Career Satisfaction - Median Revenue

This graph displays the median revenue based upon career satisfaction.

- Highly Satisfied (Rating 9-10)
- Satisfied (Rating 7-8)
- Less Satisfied (Rating 1-6)
1.17 Participant Gender Breakdown

2015 Study

- 44.2% Female
- 55.8% Male

1.18 Participant Age - Percentile Ranking

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>95th</td>
<td>67 years</td>
</tr>
<tr>
<td>75th</td>
<td>58 years</td>
</tr>
<tr>
<td>Median - 50th</td>
<td>52 years</td>
</tr>
<tr>
<td>25th</td>
<td>45 years</td>
</tr>
<tr>
<td>5th</td>
<td>32 years</td>
</tr>
</tbody>
</table>

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
Overall Participation Summary

1.19 Part of an Association

- 83.4% Yes
- 16.6% No

1.20 Participant Associations

*This represents those providers who are part of a membership association.*

- **Home Care Association of America (HCAOA)**
- **HCAOA State Chapter Member**
- **Private Duty Home Care Association (PDHCA)**
- **National Association of Home Care & Hospice (NAHC)**
- **Personal Care Association (PCA)**
- **State Home Care Association**
- **National Association of Professional Geriatric Care Managers (NAPGCM)**
- **Other associations not listed**

2014 Study:
- 55.2%
- 24.5%
- 15.5%
- 14.8%
- 2.1%
- 9.7%
- 49.0%

2015 Study:
- 61.9%
- 27.1%
- 13.1%
- 10.0%
- 1.4%
- 32.6%
- 5.5%
- 43.3%
Overall Participation Summary

1.21 Accredited Provider

- 33.1% Yes
- 66.9% No

1.22 Provider Accreditations

This represents those providers who are accredited:

- 7.1% Accreditation Commission for Healthcare (ACHC)
- 8.2% Community Health Accreditation Program (CHAP)
- 1.0% The Compliance Team
- 40.8% The Joint Commission
- 51.0% Other Accreditation

2015 Study
Overall Participation Summary

1.23 Participant Ethnicity

- 1.4% Asian
- 0.0% Pacific Islander
- 3.2% Black/African-American
- 86.9% White/Caucasian
- 2.3% Hispanic
- 0.2% Native American/Alaska Native
- 1.6% Other/multi-racial
- 4.5% Declined to respond

[Image of diverse group of people]
Leader Participation Summary

The Leaders were determined based upon the most accurately tracked criterion: annual revenue. All participating private duty home care companies that billed more than $2,400,000 in 2014 qualified and are represented here. In this year’s study we have increased the annual revenue for leaders from $2,000,000 to $2,400,000 as the median revenue for the industry has increased. This also keeps the leader group as the top percentage of the industry.
Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
1.25 Leader Participation by Number of Locations - Historical

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
Leader Participation Summary

1.26 Leader Participation by Populations Served - Historical

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
1.27 Leader Participation by Years in Business - Historical

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
1.28 Leader Participation by Geographic Region - Historical

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
The Home Care Association of America (HCAOA) is proud to once again work with Home Care Pulse to facilitate the 2015 Private Duty Benchmarking Study. This study captures a vital snapshot of the industry as a whole, including client demographics, employee details, training information and data on peer organizations. Study results and data assist HCAOA members in developing and improving operational plans, adapting new best practices and preparing for future changes within the constantly expanding home care industry. Moreover, the study has specifically measured revenue and growth comparisons of HCAOA members vs. non-members participating in the study. Reviewing historical data of past studies has shown that HCAOA members have consistently higher median revenues compared to their non-member counterparts participating in the study. While the data does not draw a direct correlation, the value of HCAOA membership provides an excellent return on investment contributing to the overall success of our members as represented in the study data.

Over the past year, HCAOA has worked consistently to serve as the premier organization representing the home care industry and has utilized data from the study to augment our public policy advocacy efforts. A prime example is our ongoing efforts to challenge the U.S. Department of Labor Companion Care Exemption final rule. With support from our member companies, HCAOA joined a coalition of organizations to initiate litigation against the U.S. Department of Labor in response to the Department’s Federal Labor Standards Act (FLSA) Companion Care Exemption final rule that was scheduled to go into effect on January 1, 2015. With data from last year’s study, we were able to demonstrate the concerns expressed by study participants regarding the final rule implementation and its potential negative impact on home care company operations and the actions some companies planned to take as a result of the rule.

Study participants were asked, “What operational changes, if any, are you making as a result of the Department of Labor’s (DOL) removal of the companion exemption for third-parties?” 31% reported that they were likely planning on cutting caregiver hours to avoid overtime, 28% responded that they would reschedule cases to avoid paying
overtime, and 29% would raise fees to cover added costs. All these changes, we argued, would place a significant burden on companies and more importantly the clients they serve. Study participants were also asked, “What kind of impact do you believe the removal of the companionship exemption will have on your business within the next 24 months?” Over 50% stated that this would have a “negative impact” (25%) or “highly negative impact” (28%).

On December 22, 2014, the U.S. District Court for the District of Columbia issued a decision in the case of the Home Care Association of America et al v David Weil, et al. The decision granted our motion for partial summary judgment and vacated the U.S. Department of Labor’s efforts to deny third-party employers access to the existing companion care exemption under the Fair Labor Standards Act (FLSA). The Department’s rule, modifying the FLSA, was set to take effect on January 1, 2015. Subsequent to that ruling, on January 14, 2015, Judge Richard J. Leon ruled to vacate the remaining key component of the U.S. Department of Labor’s regulations. The decision vacated the remaining key components of the final regulation, resolving concerns with both the Department’s updated definition of companion care and the exemption’s application to third party employers. This decision reinforced the Court’s previous decision on December 22 resulting in a clear victory for clients of home care providers, including seniors and individuals with disabilities, who depend on these essential services to remain independent. HCAOA and the home care community have long held the Labor Department’s regulatory actions in this area were outside the bounds of the law. These decisions provide hope to many who had feared they would no longer be able to afford home care services due to the Labor Department’s overreach. In his final decision, Judge Richard J. Leon stated, “Undaunted by the Supreme Court’s decision in Coke, and the utter lack of Congressional support to withdraw this exemption, the Department of Labor amazingly decided to try to do administratively what others had failed to achieve in either the Judiciary or the Congress.” Judge Leon further stated “The language of the exemption provision is quite clear: ‘any employee’ who is employed to provide companionship services, or who resides in the household in which he or she is employed to perform domestic services, is covered by the exemption.”

While we are excited about this victory, the U.S. Department of Labor has since appealed the decision issued by Judge Richard J. Leon to vacate the companion exemption rule and was granted an expedited appeals schedule by the United States Circuit Court of Appeals for the District of Columbia. Further, the Court of Appeals recently announced and formally scheduled a hearing for oral arguments on May 7, 2015. The Court’s three-judge panel hearing the case will be announced thirty days prior to the date of the oral arguments.

As we anticipate the next phase of the Department of Labor Companion Exemption regulation litigation, HCAOA continues to move forward to advance the home care industry and bring private duty home care to the forefront through the organization’s communications capacities, ongoing advocacy efforts, and educational programs. After months of planning, the HCAOA is in the process of implementing a just completed strategic plan focusing on key areas including raising the level of
standards for HCAOA members, developing a public awareness campaign to educate seniors, people with disabilities, and those who make arrangements for their care, to become increasingly aware of the advantages of using HCAOA private duty home care providers. Furthermore, the plan reinforces HCAOA proactive advocacy plan with a specific effort to utilize data to drive best practices to enhance the strength and professionalism of private duty home care providers.

We invite you to join us for the HCAOA annual leadership conference, the hallmark of our training and education efforts, scheduled for September 27-30 in Washington, DC. This year’s conference is being held in Washington with an emphasis on our public policy advocacy efforts and will include the opportunity to participate in Capitol Hill visits. With the support of the HCAOA, private duty home care companies are poised to meet the continually growing service demands in the long-term care delivery system while simultaneously upholding the highest standard of care. Our mission and guiding principles will help our member companies become more competitive and provide client-centered care and a variety of lifestyle options to seniors who wish to age in the comfort of their own homes. Our participation in this benchmarking study is just one of the many ways the HCAOA is helping to strengthen the home care industry to help preserve dignity, independence, and enhance quality of life.

ABOUT THE AUTHOR

Phil Bongiorno joined the HCAOA in January of 2014 as the new Executive Director. He serves as the chief staff executive for the HCAOA responsible for the association’s overall operations. In his 20 year career in association management, Phil has represented a number of associations with a concentration on health care and disability issues. Before joining HCAOA, Phil most recently served as the Director of Government Relations for The Society of Thoracic Surgeons. In his spare time, Phil is a marathon runner and has completed the Marine Corps Marathon 13 times. Phil and his wife Lisa have been married for 18 years and they have two children, Alexandra, 16 and Phillip, 12.
Strengthening the home care industry to help preserve dignity, independence, and enhance quality of life.

The Time is Now!
The time is now to join the Home Care Association of America (HCAOA), the premier organization representing the home care industry!

HCAOA is the national voice for private pay in-home personal care providers in the United States, advocating on behalf of its member organizations nationwide. HCAOA represents the interests of its members who enable clients and their families to maintain peace of mind and quality of life. We empower our members by consistently demonstrating the value of home care to consumers and policy makers, by serving as the trustworthy and unified industry voice, and by providing accurate educational training, membership alerts and communications.

HCAOA Member benefits include:
- Information and resources via timely newsletters
- Access to critical legislative/regulatory information
- Company’s listing on the HCAOA home care provider locator service
- Education discounts for entire staff for HCAOA hosted educational offering/webinars
- Access to special home care provider features on the association website
- Purchasing discount program
- Access to local chapters, where applicable
- Eligible to vote and volunteer for a leadership role in HCAOA to help set the direction and focus of the association
- Membership certificate and window decal recognizing HCAOA membership
- Use of the HCAOA logo for company’s marketing materials
- Discounted rates for HCAOA Annual Leadership Conference

Save the date for our 2015 Annual Leadership Conference on September 27-30 at the Marriott Wardman Park Hotel located in Washington, DC! The 2015 HCAOA Leadership Conference is your opportunity to learn about current issues, trends, and strategies that will help your organization thrive and become more competitive by acquiring and retaining more customers.

Visit www.hcaoa.org to join the HCAOA today!
BEST OF HOME CARE®

- Endorsed National Providers
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The Home Care Pulse Endorsed National Provider Award is given to franchises or membership networks who believe strongly in providing their clients with the best home care possible, and they share that belief with the home care providers in their franchise or network. In order to measure the quality of care provided, their members have contracted with Home Care Pulse to gather and report client and caregiver feedback.

The Best of Home Care Endorsed National Provider Award is given to those whose members have the highest overall client satisfaction scores. They excel above the industry standard. These are the top home care franchises or membership networks in North America whose members have proven their dedication to client satisfaction and excellence in home care.
Leader in Excellence Award Winners

Best of Home Care Leader in Excellence
The title of Leader in Excellence is awarded to the few home care businesses that set the highest standard for quality in home care, receiving the highest client and caregiver satisfaction scores in at least 18 of the 22 categories measured by Home Care Pulse through monthly client and caregiver interviews. This award shows current and prospective clients that these providers are dedicated to client satisfaction and excellence in home care.

United States

CALIFORNIA
Comfort Keepers – Woodland

COLORADO
Comfort Keepers – Boulder
Visiting Angels – Pueblo

CONNECTICUT
Comfort Keepers – Shelton

GEORGIA
Home Care Matters – Flowery Branch
Visiting Angels – Fayetteville

HAWAII
CareResource Hawaii – Hilo – Honolulu
CareResource Hawaii – Oahu – Honolulu

IDAHO
Comfort Keepers of Twin Falls, Pocatello & Rupert/Burley

ILLINOIS
Comfort Keepers – Grayslake
Home Helpers – Bourbonnais
Norwood Seniors Network – Chicago
Partners In Senior Care – Grayslake
Visiting Angels – South Elgin

INDIANA
Senior Helpers – South Bend
Visiting Angels – Greencastle

Special Note: The following includes all winners as of January 2015. The 2015 Best of Home Care Award is based on 2014 performance.
Leader in Excellence Award Winners

MAINE
Advantage Home Care – Portland
Comfort Keepers – Scarborough

MARYLAND
Shepherd’s Staff In-home Care – Walkersville
SYNERGY Home Care – Bel Air

MASSACHUSETTS
Visiting Angels – Newburyport
Visiting Angels – Newton/Canton

MICHIGAN
Visiting Angels – Sterling Heights

MINNESOTA
Homewatch CareGivers – Edina

MISSOURI
Adelmo Family Care – Joplin
ComForcare Home Care – SW Missouri

NEVADA
No Place Like Home Senior Care – Gardnerville

NEW HAMPSHIRE
Visiting Angels – Auburn
Visiting Angels – Nashua

NEW JERSEY
Comfort Keepers – Haddonfield
Comfort Keepers – Redbank
Homewatch CareGivers – South Orange

OREGON
Hearts of Gold Caregivers – Hood River
Visiting Angels – Willamette Valley

PENNSYLVANIA
SYNERGY Home Care – Carlisle

RHODE ISLAND
All About Home Care, LLC – Middletown

SOUTH CAROLINA
Comfort Keepers – Sumter – Florence

TEXAS
Caregivers Connection 4U – Duncanville
Homewatch CareGivers – El Paso
Nurses Unlimited – Waco
Visiting Angels – San Antonio

VIRGINIA
Seniorcorp – Virginia Beach

These Best of Home Care Leader in Excellence award-winning home care businesses use Home Care Pulse’s Quality Satisfaction Management Program to measure client and caregiver satisfaction. Home Care Pulse conducts telephone interviews with a percentage of their clients and caregivers each month and reports ratings and feedback. Visit homecarepulse.com for more information.
### Provider of Choice Award Winners

**2015 Best of Home Care® Provider of Choice**

The Best of Home Care® Provider of Choice Award is given to home care businesses that excel above the industry standard for quality in home care. They have received the highest satisfaction scores from their current clients, based on monthly client interviews conducted by Home Care Pulse. The Provider of Choice Award shows current and prospective clients that these providers are dedicated to client satisfaction and quality, and a trustworthy home care provider. To learn more, visit [www.homecarepulse.com](http://www.homecarepulse.com).

### Canada

#### BRITISH COLUMBIA
- Home Care Assistance – Vancouver
- Serenity Home Care Ltd. – Victoria

#### ONTARIO
- Amy’s Helping Hands – Windsor
- Homewatch Caregivers – Oakville
- Qualicare – Toronto
- Qualicare – Waterloo – Kitchener

### United States

#### ALABAMA
- FirstLight Home Care – Daphne
- FirstLight Home Care – Dothan
- FirstLight Home Care – Montgomery
- Senior Helpers – Huntsville
- SYNERGY Home Care – Birmingham
- SYNERGY Home Care – Daphne
- Visiting Angels – Madison

#### ALASKA
- Immediate Care – Anchorage
- Immediate Care – Fairbanks
- Immediate Care – Wasilla
- Trinion Quality Care Services – Anchorage

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**Special Note:** The following includes all winners as of January 2015. The 2015 Best of Home Care Award is based on 2014 performance. You can also find these providers by zip code by visiting [www.bestofhomecare.com](http://www.bestofhomecare.com).
Provider of Choice Award Winners

ARKANSAS
FirstLight Home Care – Rogers

CALIFORNIA
Always Best Care – Palm Desert
Cambrian Home Care – Long Beach
Caring Companions at Home – Newport Beach
Comfort Keepers – Anaheim
Comfort Keepers – El Cajon
Comfort Keepers – Livermore
Comfort Keepers – Marysville
Comfort Keepers – San Diego
Comfort Keepers – Southbay
Comfort Keepers – Woodland
FirstLight Home Care – Contra Costa
FirstLight Home Care – Orange County
Guidance Home Care – Campbell
Hillendale Home Care – Walnut Creek
Hired Hands Homecare – Novato
Home Care Assistance – Danville
Home Care Assistance – Los Gatos
Home Care Assistance – Oakland
Home Care Assistance – Orange County
Home Care Assistance – Palo Alto
Home Care Assistance – San Diego
Home Care Assistance – San Mateo
Home Helpers – San Mateo
Homewatch CareGivers – Carlsbad
Homewatch CareGivers – Los Angeles
Homewatch CareGivers – Thousand Oaks
INDECARE In-Home Care – Sacramento
LivHOME – Orange County
LivHOME – Riverside County
LivHOME – San Diego
LivHOME – Santa Clara County
Providence Care Home Care – East Bay – Modesto
Senior Helpers – Atascadero
Senior Helpers – Berkeley
Senior Helpers – Concord
Senior Helpers – Fresno
Senior Helpers – Granada Hills
Senior Helpers – La Mesa
Senior Helpers – Los Angeles
Senior Helpers – Palm Springs
Senior Helpers – Palo Alto
Senior Helpers – Rancho Cucamonga
Senior Helpers – San Jose
Senior Helpers – San Mateo
Senior Helpers – Santa Ana
Senior Helpers – Santa Barbara
Senior Helpers – Solana Beach
Senior Helpers – Torrance
Senior Helpers – Westlake Village
Senior Helpers – Wildomar
Senior Helpers – Yorba Linda
Senior Helpers – San Francisco
Senior Helpers – San Diego
Sequoia Senior Solutions – Petaluma
SYNERGY Home Care – Corona
SYNERGY Home Care – Fremont/Brentwood
SYNERGY Home Care – Long Beach
SYNERGY Home Care – Oakland
SYNERGY Home Care – Pasadena
SYNERGY Home Care – Paso Robles
SYNERGY Home Care – Santa Cruz
SYNERGY Home Care – South Placer County
SYNERGY Home Care – Upland
Extended Family Home Care – Denver
FirstLight Home Care – Boulder
FirstLight Home Care – Wheat Ridge
Griswold Home Care – Colorado Springs/Douglas County
Home Care Assistance – Centennial
Homewatch CareGivers – Englewood
Homewatch CareGivers – Windsor
Senior Helpers – Centennial
Senior Helpers – Denver
SYNERGY Home Care – Broomfield
SYNERGY Home Care – Denver
SYNERGY Home Care – West Denver
Visiting Angels – Denver
Visiting Angels – Grand Junction
Visiting Angels – Pagosa Springs
Visiting Angels – Wheat Ridge
Visiting Angels of Denver – Littleton
Visiting Angels Serving Fort Collins, Loveland, Greeley

CONNECTICUT
Always Best Care of Central Connecticut
Comfort Keepers – Enfield
Comfort Keepers – Shelton
Home Care Assistance of Greater Hartford
Senior Helpers – Stamford
SYNERGY Home Care – Greater Bristol
SYNERGY Home Care – Stamford
SYNERGY HomeCare – Fairfield

COLORADO
Visiting Angels – Pueblo
ComForCare – Denver
ComForCare – Lakewood
Comfort Keepers – Boulder

DELAWARE
Homewatch CareGivers – Wilmington
Senior Helpers – Dover
Provider of Choice Award Winners

FLORIDA
Assisting Hands Home Care – Miami
Assisting Hands Home Care – Palm Beach
Comfort Keepers – Hollywood
Comfort Keepers – Jacksonville
Comfort Keepers – Lakeland
Comfort Keepers – Sebring
Comfort Keepers – Winter Haven
FirstLight Home Care – Clearwater
FirstLight Home Care – Clearwater
Nightingale Private Duty Nursing – Vero Beach
Senior Helpers – Clearwater
Senior Helpers – Deland
Senior Helpers – Jacksonville
Senior Helpers – Miramar
Senior Helpers – Riverview
Senior Helpers – Seminole
Senior Helpers – Spring Hill
Senior Helpers – Stuart
Senior Helpers – Venice
Senior Helpers – Lakeland
Senior Helpers of Orlando
SYNERGY Home Care – Emerald Coast
SYNERGY Home Care – Lake Worth
SYNERGY Home Care – Miami
Visiting Angels – Miami
Visiting Angels – Ocala
Visiting Angels – Palm Beach Gardens
Visiting Angels – Pasco
Kadan Homecare – Atlanta
Senior Helpers – Peachtree City
Senior Helpers – Snellville
SYNERGY Home Care – Atlanta
SYNERGY Home Care – Metro Atlanta
SYNERGY Home Care – North Georgia
Visiting Angels – Fayetteville
Visiting Angels – Roswell

HAWAII
CareResource Hawaii – Hilo – Honolulu
CareResource Hawaii – Oahu – Honolulu
CareResource Hawaii – Kona – Honolulu
CareResource Hawaii – Maui – Honolulu
CareResource Hawaii – Molokai – Honolulu

IDAHO
Assisting Angels Home Care – Boise
Comfort Keepers of Twin Falls, Pocatello & Rupert/Burley
Home Helpers – Coeur D’Alene

ILLINOIS
A-Abiding Care Inc. – Park Ridge
Big Hearts Home Care – Chicago
Care in the Home/Respite Care – Wilmette
CareLink – Quincy
Comfort Keepers – Chicago
Comfort Keepers – Grayslake
Comfort Keepers – Rockford
Comfort Keepers – Wood Dale
FirstLight Home Care – Arlington Heights
FirstLight HomeCare – Plainfield
Home Care Assistance – Chicago – Kenilworth
Home Care Assistants of the North Shore
Homewatch CareGivers – Hickory Hills
Home Helpers – Bourbonnais
Norwood Seniors Network – Chicago
Partners In Senior Care – Grayslake
Senior Helpers – Lincolnwood
Senior Helpers – Mokena
Senior Helpers – Northbrook
Senior Helpers of Rockford
SYNERGY Home Care – Barrington
SYNERGY Home Care – Deerfield
SYNERGY Home Care – DuPage – Glen Ellyn
SYNERGY Home Care – McHenry – Lake Hill
Visiting Angels – Plainfield
Visiting Angels – Rockford
Visiting Angels – South Elgin
LivHOME – Cook County
SYNERGY Home Care – Orland Park

GEORGIA
A Helping Hand Home Care – Gainesville
ComForcare – Rome
FirstLight Home Care – Conyers
Home Care Matters – Flowery Branch

INDIANA
Comfort Keepers – LaPorte
FirstLight Home Care – Plainfield
FirstLight Home Care – Valparaiso
Home Care Assistance – Indianapolis
Home Helpers – St. John
Seasons Home Care – Warsaw
Senior Helpers – Evansville
Senior Helpers – Greenfield
Senior Helpers – Indianapolis
Senior Helpers – Northwest Indiana
Senior Helpers – South Bend
Visiting Angels – Carmel
Visiting Angels – Fort Wayne
Visiting Angels – Greencastle
Visiting Angels of East Central Indiana – Pendleton
Provider of Choice Award Winners

IOWA
HomeChoice Senior Care – Marion
Senior Helpers – Des Moines

KANSAS
Always There Senior Care, Inc. – Wichita
At Home Assisted Care – Manhattan
Comfort Keepers – Salina
   – Overland Park
Comfort Keepers – Wichita
Senior Helpers – Overland Park
SYNERGY Home Care – Kansas City

KENTUCKY
Comfort Keepers – Lexington
Comfort Keepers – Somerset
   – Somersset
FirstLight Home Care – Crestview Hills
FirstLight Home Care – Louisville
Senior Helpers – Florence
Senior Helpers – Hopkinsville
Senior Helpers – Lexington
Silver Tree Home Care – Louisville

LOUISIANA
Senior Helpers – Abbeville

MAINE
Advantage Home Care – Portland
Comfort Keepers – Scarborough
FirstLight Home Care – Southern Maine

MARYLAND
Comfort Keepers – Cumberland
Comfort Keepers Central MD – Towson
Comfort Keepers – Rockville
Home Care Assistance – Bethesda
Home Care Assistance of
   Anne Arundel County
Homewatch CareGivers – Columbia
Homewatch CareGivers – Towson
Senior Helpers – Rockville
Senior Helpers – Silver Spring
Senior Helpers – Towson
Shepherd’s Staff In-home Care
   – Walkersville
SYNERGY Home Care – Annapolis
SYNERGY Home Care – Baltimore
SYNERGY Home Care – Maryland
   – Bel Air
Visiting Angels – Edgewater
Visiting Angels – Pikesville
Visiting Angels – Waldorf

MICHIGAN
Bayside Home Care – Sanford
Comfort Keepers – Clinton Township
Comfort Keepers – Northville
FirstLight Home Care – Rochester/Troy
Home Helpers – Grand Ledge
Homewatch CareGivers – Ann Arbor
Lutheran Social Services – Mid Michigan
Lutheran Social Services – SE Michigan
Senior Helpers – Ann Arbor
Senior Helpers – Farmington Hills
Senior Helpers – Richmond
Serenity Private Care – Livonia
SYNERGY Home Care – Farmington
SYNERGY Home Care – Macomb
Visiting Angels – Detroit
Visiting Angels – Frankenmuth
Visiting Angels – Port Huron
Visiting Angels – Sterling Heights

MASSACHUSETTS
Comfort Keepers – Beverly
Home Staff LLC – Needham
Home Staff LLC – Springfield
Home Staff LLC – Worcester
Homewatch CareGivers – Framingham
Homewatch Caregivers
   – West Springfield
Senior Helpers – Norwell
Senior Helpers – Westford
Visiting Angels – Cape Cod
Visiting Angels – Newburyport
Visiting Angels – Newton/Canton
Visiting Angels – North Attleboro
Visiting Angels – West Springfield

MINNESOTA
Homewatch CareGivers – Edina
Senior Helpers – Bloomington
Senior Helpers – Burnsville
SYNERGY Home Care – Blaine Office
SYNERGY Home Care – NW Metro
SYNERGY Home Care – West Metro
Visiting Angels – Rochester

MISSOURI
Adelmo Family Care – Joplin
ComForcare Home Care – SW Missouri
FirstLight Home Care – Hazelwood
Home Care Assistance – St. Louis
Provider of Choice Award Winners

**NEW JERSEY**
- Comfort Keepers – Haddonfield
- Comfort Keepers – Redbank
- Comfort Keepers – Greater Philadelphia and So. NJ – Delfran
- Comfort Keepers – Pitman
- Executive Home Care – Hackensack
- Expert Home Care – New Brunswick
- FirstLight Home Care – Glen Rock
- Freedom Home Healthcare – Hackensack
- Home Care Assistance – Warren
- Homewatch CareGivers – South Orange
- Homewatch CareGivers – Westmont
- Senior Helpers – Manahawkin
- Senior Helpers – Fairfield
- Senior Helpers – Cuyahoga Falls
- Family Bridges Home Care – Cincinnati
- FirstLight Home Care – West New Jersey
- SYNERGY Home Care – Bordentown
- SYNERGY Home Care – Central New Jersey
- SYNERGY Home Care – Northern New Jersey
- SYNERGY Home Care – West New Jersey
- SYNERGY HomeCare of South Jersey
- Visiting Angels – Hillsborough

**NEW MEXICO**
- Companion Care, LLC – Albuquerque
- FootPrints Medically Fragile Services – Albuquerque
- FootPrints Senior Care Services – Albuquerque
- Home Care Assistance – Albuquerque

**NEVADA**
- No Place Like Home Senior Care – Gardnerville
- Senior Helpers – Las Vegas
- Senior Helpers – Reno

**NEW HAMPSHIRE**
- Home Care Assistance – New Hampshire
- Visiting Angels – Auburn
- Visiting Angels – Nashua

**NEW YORK**
- Angels At Heart Senior Care – Tonawanda
- At Home Independent Living – Camillus
- ComForcare Senior Services – Rochester
- FirstLight HomeCare of Westchester
- Senior Helpers – Garden City
- Senior Helpers – New York
- Senior Helpers – Smithtown

**MONTANA**
- First Choice Home Health – Bozeman
- SYNERGY HomeCare – Billings

**NEBRASKA**
- A Place at Home – Omaha
- Comfort Keepers – Omaha
- FirstLight Home Care – Omaha
- SYNERGY Home Care – Omaha

**NEVADA**
- No Place Like Home Senior Care – Gardnerville
- Senior Helpers – Las Vegas
- Senior Helpers – Reno

**NEW HAMPSHIRE**
- Home Care Assistance – New Hampshire
- Visiting Angels – Auburn
- Visiting Angels – Nashua

**NEW MEXICO**
- Companion Care, LLC – Albuquerque
- FootPrints Medically Fragile Services – Albuquerque
- FootPrints Senior Care Services – Albuquerque
- Home Care Assistance – Albuquerque

**NEW YORK**
- Angels At Heart Senior Care – Tonawanda
- At Home Independent Living – Camillus
- ComForcare Senior Services – Rochester
- FirstLight HomeCare of Westchester
- Senior Helpers – Garden City
- Senior Helpers – New York
- Senior Helpers – Smithtown

**NORTH CAROLINA**
- Already HomeCare – Charlotte
- ComForcare – Greensboro
- Home Careolina – Cornelius
- Homewatch Caregivers of the Triangle – Chapel Hill
- Senior Helpers – Charlotte
- Senior Helpers – Concord
- Senior Helpers – Dunn
- Senior Helpers – Wilmington
- SYNERGY Home Care – Charlotte
- SYNERGY Home Care – Raleigh/Durham
- SYNERGY Home Care – Wilmington
- Visiting Angels – Charlotte

**OHIO**
- Assisting Hands Home Care – Cincinnati
- ComForcare – Dayton
- Comfort Keepers – Cuyahoga Falls
- Comfort Keepers – Toledo
- Family Bridges Home Care – Cincinnati
- FirstLight Home Care – Clayton

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Provider of Choice Award Winners

FIRSTLIGHT HOME CARE
- Columbus
- East Cleveland
- North East Columbus
- South Dayton
- Westlake
- Home Care Assistance – Columbus
- Cincinnati
- Senior Helpers – Cincinnati
- Dayton
- Senior Helpers of Northeast Ohio
- Greene County
- Valley
- Home Care Assistance – Cincinnati
- Canton
- Centerville
- Mentor
- Salem
- Tallmadge

FIRSTLIGHT HOME CARE
- Home Care Assistance – Cincinnati
- Dayton
- Senior Helpers – Dayton
- Northeast Ohio
- Home Care Assistance – Cincinnati
- Canton
- Centerville
- Mentor
- Salem
- Tallmadge

OKLAHOMA
- Inverness at Home – Tulsa
- Senior Helpers – Tulsa
- SYNERGY Home Care – Edmond

OREGON
- At Home Senior Solutions – Medford
- Hearts of Gold Caregivers – Hood River
- Metro Portland North
- Senior Helpers of Salem
- Portland
- Gresham
- Willamette Valley

PENNSYLVANIA
- Comfort Keepers – Berks County
- Comfort Keepers – Hazleton
- Comfort Keepers – Jenkintown
- Comfort Keepers – Springfield
- Comfort Keepers – Williamsport
- Griswold Home Care
- Cumberland County
- Home Nursing Agency Private Duty
- Altoona
- Homewatch CareGivers – Lehigh Valley
- Senior Helpers – Erie
- Senior Helpers – Greensburg
- Senior Helpers – Elkins Park
- Senior Helpers – Exton
- Lansdale
- Senior Helpers – Philadelphia
- Senior Helpers – Harrisburg/York
- Senior Helpers – Lehigh Valley
- Springhill at Home – Erie
- SYNERGY Home Care – Broomall
- SYNERGY Home Care – Carlisle
- SYNERGY Home Care – Exton
- Chester Springs
- SYNERGY Home Care – McKees Rocks
- SYNERGY Home Care
- Montgomery County
- Jenkintown
- Lewisburg

RHODE ISLAND
- All About Home Care, LLC – Middletown

SOUTH CAROLINA
- Comfort Keepers – Sumter – Florence
- Comfort Keepers – Columbia
- Comfort Keepers – Pee Dee – Florence
- DayBreak Adult Care Services, Inc.
- Lexington
- FirstLight Home Care – Garden City
- FirstLight Home Care – Greenville
- Home Care Assistance – Greenville
- Senior Helpers – Pawleys Island
- Senior Helpers
- Rock Hill/Fort Mill/Lancaster
- Senior Helpers – Simpsonville
- SYNERGY Home Care – Greenville

SOUTH DAKOTA
- SYNERGY Home Care – Sioux City
- SYNERGY Home Care – Sioux Falls

TENNESSEE
- Always Best Care Senior Services
- Knoxville
- Asbury at Home – Kingsport
- Care Central, Inc. – Kingsport
- Caregivers by WholeCare – Nashville
- Comfort Keepers – Jackson
- FirstLight Home Care – Franklin
- Homewatch CareGivers – Knoxville
- Senior Helpers – Memphis

TEXAS
- Caregivers Connection 4U – Duncanville
Provider of Choice Award Winners

VIRGINIA
- Comfort Keepers – Fredericksburg
- FirstLight Home Care – Winchester
- Home Care Assistance – Northern Virginia
- Home Care Assistance – Richmond
- Home Helpers – Yorktown
- LivHOME – Arlington County
- Seniorcorp – Virginia Beach
- Senior Helpers – Charlottesville
- SYNERGY Home Care – Arlington/Alexandria
- Visiting Angels – Kilmarnock
- Visiting Angels – Newport News
- Visiting Angels – Richmond
- Visiting Angels – Vienna

WEST VIRGINIA
- Visiting Angels – Wheeling

WISCONSIN
- Comfort Keepers – Racine
- Home Care Assistance – Whitefish Bay
- Ministry Living Well – Marshfield
- Senior Helpers – Madison
- Senior Helpers – Appleton
- SYNERGY Home Care – Milwaukee County

WASHINGTON
- Cascade Companion Care – Arlington
- Family First Senior Care – Spokane Valley
- Family Home Care – Liberty Lake
- Guardian Angel Senior Care – Spokane
- Homewatch CareGivers – Vancouver
- Jewish Family Service – Seattle
- Martha & Mary AT HOME – Port Orchard
- Senior Helpers – Spokane Valley
- Senior Living Home Services (Elder Options) – Longview
- SYNERGY Home Care – Bellevue
- SYNERGY Home Care – East King – Issaquah
- SYNERGY Home Care – South King County
- Visiting Angels – Kirkland
- Visiting Angels – Port Orchard
- Visiting Angels – Tacoma
- Wiser Home Care Services – Kent

UTAH
- Aspen Senior Care – Orem
- Care To Stay Home – Orem
- Care To Stay Home – St. George
- Danville Support Services – Midvale
- Home Care Assistance of Utah
- Senior Helpers – Salt Lake City
- SYNERGY Home Care – Layton

UTAH
- Visiting Angels – San Antonio
- Visiting Angels – Sugar Land

WYOMING
- SYNERGY Home Care – Cheyenne

To learn more about the Best of Home Care Awards or to find a Best of Home Care award-winning provider in your area, visit BestofHomeCare.com or call Home Care Pulse at (877) 307-8573.
Employer of Choice Award Winners

Best of Home Care Employer of Choice
The Best of Home Care® Employer of Choice Award is given to home care businesses that receive the highest satisfaction scores from their current caregivers. These businesses support and train their caregivers, and their caregiver satisfaction scores have earned them recognition as a top employer. This recognition gives current and prospective clients peace of mind, knowing these providers and their caregivers are dedicated to providing the best in-home care possible. To learn more, visit www.homecarepulse.com.

Canada
BRITISH COLUMBIA
Serenity Home Care Ltd. – Victoria

ONTARIO
Amy’s Helping Hands – Windsor
Homewatch Caregivers – Oakville

United States
ALASKA
Immediate Care – Anchorage
Immediate Care – Fairbanks
Immediate Care – Wasilla
Trinion Quality Care Services – Anchorage

ARIZONA
ABRIO Care – Cottonwood
ABRIO Care – Flagstaff
ABRIO Care – Kingman
ABRIO Care – Phoenix

ARKANSAS
Synergy Home Care – Searcy

CALIFORNIA
Comfort Keepers – Woodland
Caring Companions at Home – Newport Beach
Comfort Keepers – Anaheim
Comfort Keepers - Livermore

Special Note: The following includes all winners as of January 2015. The 2015 Best of Home Care Award is based on 2014 performance. You can also find these providers by zip code by visiting www.bestofhomecare.com.
Employer of Choice Award Winners

COLORADO

All the Comfort of Home, Inc. – Littleton
ComForcare – Denver
ComForcare – Lakewood
Comfort Keepers – Boulder
Extended Family Home Care – Denver
Home Care Assistance – Centennial
Homewatch CareGivers – Windsor
Senior Helpers – Centennial
Visiting Angels – Grand Junction
Visiting Angels of Denver – Littleton
Visiting Angels – Pagosa Springs
Visiting Angels – Pueblo

CONNECTICUT

Always Best Care of Central Connecticut
Comfort Keepers – Shelton
Home Care Assistance of Greater Hartford
Homewatch CareGivers – Windsor

FLORIDA

Assisting Hands Home Care – Miami
Assisting Hands Home Care – Palm Beach
ComForcare – Palm Beach Gardens
Comfort Keepers – Hollywood
Comfort Keepers – Jacksonville
Comfort Keepers – Lakeland
Comfort Keepers – Sebring
Comfort Keepers – Winter Haven
Easy Living – Clearwater

GEORGIA

A Helping Hand Home Care – Gainesville
ComForcare – Rome
Home Care Assistance – Atlanta
Home Care Matters – Flowery Branch
Kadan Homecare – Atlanta
Visiting Angels – Fayetteville

HAWAII

CareResource Hawaii – Hilo – Honolulu
CareResource Hawaii – Oahu – Honolulu
CareResource – Medicare Certified – Honolulu

IDAHO

Comfort Keepers of Twin Falls, Pocatello & Rupert/Burley
Home Helpers – Coeur D’Alene

ILLINOIS

A-Abiding Care Inc. – Park Ridge
CareLink – Quincy
Comfort Keepers – Chicago
Comfort Keepers – Grayslake
Comfort Keepers – Rockford
Comfort Keepers – Wood Dale
Home Care Assistance – Chicago – Kenilworth
Homewatch CareGivers – Hickory Hills
Homewatch CareGivers – Northbrook
Home Helpers – Bourbonnais
LivHOME – Cook County
Norwood Seniors Network – Chicago
Partners In Senior Care – Grayslake
Visiting Angels – Plainfield
Visiting Angels – Rockford
Visiting Angels – South Elgin
INdiana
Alliance Home Health Care
– Indianapolis
Comfort Keepers – LaPorte
Home Care Assistance – Indianapolis
Home Helpers – St. John
Senior Helpers – South Bend
Visiting Angels – Carmel
Visiting Angels – Fort Wayne
Visiting Angels – Greencastle
Visiting Angels of East Central Indiana
– Pendleton

KANSAS
Comfort Keepers – Wichita

Kentucky
Comfort Keepers – Somerset
– Somerset
Silver Tree Home Care – Louisville

Maine
Advantage Home Care – Portland
Comfort Keepers – Scarborough

Maryland
Asbury Methodist Village at Home
– Gaithersburg
Comfort Keepers Central MD – Towson
Comfort Keepers of Rockville
Home Care Assistance of Anne Arundel County
Homewatch CareGivers – Columbia
Homewatch CareGivers – Towson
Lifematters – Bethesda
Premier Homecare – Rockville
Shepherd’s Staff In-home Care
– Walkersville
SYNERGY Home Care – Maryland
– Bel Air
Visiting Angels – Pikesville
Visiting Angels – Waldorf

Massachusetts
Comfort Keepers – Beverly
Homewatch Caregivers
– West Springfield
Visiting Angels – Cape Cod
Visiting Angels – Newburyport
Visiting Angels – Newton/Canton
Visiting Angels – North Attleboro

Michigan
Comfort Keepers – Clinton Township
Comfort Keepers – Northville
Home Care Assistance – SE Michigan
Home Helpers – Grand Ledge
Homewatch CareGivers – Ann Arbor
Lutheran Social Services – SE Michigan

Minnesota
Homewatch CareGivers – Edina
SYNERGY Home Care – Blaine Office
Visiting Angels – Wayzata

Missouri
Adelmo Family Care – Joplin
ComForcare Home Care – SW Missouri
FirstLight Home Care – Hazelwood
Home Care Assistance – St. Louis

Montana
First Choice Home Health – Bozeman

Nebraska
A Place at Home – Omaha

Nevada
No Place Like Home Senior Care
– Gardnerville

Serenity Private Care – Livonia
SYNERGY Home Care – Macomb
Visiting Angels – Detroit
Visiting Angels – Frankenmuth
Visiting Angels – Sterling Heights
Employer of Choice Award Winners

NEW HAMPSHIRE
Visiting Angels – Auburn
Visiting Angels – Nashua

NEW JERSEY
Comfort Keepers – Haddonfield
Comfort Keepers – Redbank
Comfort Keepers – Greater Philadelphia and So. NJ – Delran
Comfort Keepers – Pitman
Companion Care, LLC – Albuquerque
Executive Home Care – Hackensack
Homewatch CareGivers – South Orange
Visiting Angels – Hillsborough

NEW YORK
At Home Independent Living – Camillus
ComForcare Senior Services – Rochester
FirstLight HomeCare of Westchester
Homewatch CareGivers – Williamsville

NORTH CAROLINA
Already HomeCare – Charlotte
ComForcare – Greensboro
Home Careolina – Cornelius
Homewatch Caregivers of the Triangle – Chapel Hill
Senior Helpers – Wilmington
Visiting Angels – Charlotte

OHIO
Assisting Hands Home Care – Cincinnati
ComForcare – Dayton
Comfort Keepers – Cuyahoga Falls
Comfort Keepers – Toledo
Home Care Assistance – Cincinnati
Visiting Angels – Centerville

OKLAHOMA
Asbury Inverness at Home – Tulsa
Comfort Keepers – Edmond
Comfort Keepers – Tulsa
Visiting Angels – Tulsa

OREGON
At Home Senior Solutions – Medford
Hearts of Gold Caregivers – Hood River
Visiting Angels – Portland
Visiting Angels – Willamette Valley

PENNSYLVANIA
ComForcare – Exton
Comfort Keepers – Berks County
Comfort Keepers – Jenkintown
Comfort Keepers – Springfield
Comfort Keepers – Williamsport
SYNERGY Home Care – Carlisle
Visiting Angels – Lewisburg
Visiting Angels – Pittsburgh

RHODE ISLAND
All About Home Care, LLC – Middletown

SOUTH CAROLINA
Comfort Keepers – Sumter – Florence
Comfort Keepers – Columbia
Comfort Keepers – Pee Dee – Florence
DayBreak Adult Care Services, Inc. – Lexington
Home Care Assistance – Charleston
Home Care Assistance – Greenville

TENNESSEE
Asbury at Home – Kingsport
Care Central, Inc. – Kingsport
Caregivers by WholeCare – Nashville
Comfort Keepers – Jackson
Homewatch CareGivers – Knoxville

TEXAS
Caregivers Connection 4U – Duncanville
Comfort Keepers – Houston
Comfort Keepers – Lubbock
Comfort Keepers – San Angelo
Comfort Keepers – San Antonio
Comfort Keepers – Snyder
Custom Caregivers – Snyder
Homewatch CareGivers – El Paso
Homewatch CareGivers – The Woodlands
Employer of Choice Award Winners

LivHOME – Harris County
Nurses Unlimited – Austin
Nurses Unlimited – Midland
Nurses Unlimited – Waco
SYNERGY Home Care – Conroe
SYNERGY Home Care – Lubbock
Visiting Angels – San Antonio
Visiting Angels – Sugar Land

WEST VIRGINIA
Visiting Angels – Wheeling

UTAH
Home Care Assistance of Utah

VIRGINIA
Comfort Keepers – Fredericksburg
Home Helpers – Yorktown
LivHOME – Arlington County
Seniorcorp – Virginia Beach
Visiting Angels – Newport News
Visiting Angels – Richmond
Visiting Angels – Vienna

WEST VIRGINIA
Visiting Angels – Wheeling

WISCONSIN
Comfort Keepers – Madison
Comfort Keepers – Racine
Home Care Assistance – Whitefish Bay

WASHINGTON
Guardian Angel Senior Care – Spokane
Homewatch CareGivers – Vancouver
Jewish Family Service – Seattle
Sound Options – Tacoma
Visiting Angels – Kirkland
Visiting Angels – Port Orchard
Visiting Angels – Tacoma
Wiser Home Care Services – Kent

To learn more about the Best of Home Care Awards or to find a Best of Home Care award-winning provider in your area, visit BestofHomeCare.com or call Home Care Pulse at (877) 307-8573.
Awards Mean Nothing if Nobody Knows You Have Them

Written by Chris Marcum, Director of Marketing for Home Care Pulse

It finally happened. After months of analyzing your Home Care Pulse Satisfaction Reports and implementing changes to improve, you have earned your first Best of Home Care® Award. You receive your award packet in the mail, proudly remove the certificates and place one in a frame on the wall in your main lobby. “Great work,” you mutter to yourself as you stand back and look at the award, just before heading into your office to finish the day’s activities.

You can’t be serious, is that it? You did all that work so you could hang something on your wall? How many people searching for care in your area are going to see that certificate hanging on your wall? As far as they’re concerned, that award doesn’t exist, and why should they think otherwise unless you’re telling them about it?

It seems obvious, doesn’t it? When you’ve won an award, you need to tell people about it. Unfortunately the above scenario takes place far too often and these awards, which could otherwise make or break the decision to use your services, are only mentioned in passing to prospective clients. But the mindset of someone looking for care is an important thing to be aware of. They’re in a tough place. They’re dealing with a lot of instability and their future may be unsure. They’re looking for someone they can trust to care for themselves or a loved one. This is a much larger decision than which dentist to see or even what car to buy. They need reassurance, and awards from a third party provide just that.

When you win a Best of Home Care award, along with the certificates we also send you other assets to use in your marketing efforts. While tailored specifically to Best of Home Care winners, similar approaches can be applied to many other awards and distinctions, to set yourself apart and prove your quality to prospective clients. Here are the assets we include, as well as some suggested uses.

**LAPEL PINS**
Whenever an agency wins either the Best of Home Care Provider of Choice or Employer of Choice awards, we send them one lapel pin for each award they’ve won. Have team members wear these pins in the office, on service
calls or even during assessments with prospective new clients. While we only send one pin per award per location, providers can order more directly through Home Care Pulse.

AWARD BANNERS
While award banners are not included for free, we work closely with our local printer to provide custom banners at cost to you. These banners feature the award you’ve won, as well as your company’s name or logo. Hang them on your building or bring them to trade shows and other events to show off your achievement. To order banners, simply contact Home Care Pulse and we will provide you with an order form.

DIGITAL LOGOS
Along with the mail packet, we also send a ZIP file of resources directly to your e-mail for use. In this ZIP file you’ll find high-res logos of your award(s), which can be used in print materials, as well as on your company website and other properties.

OTHER DIGITAL ASSETS
The ZIP file contains additional resources, such as Fact Sheets, Inform Letters, a Press Release template and Order Form. Print and share fact sheets with prospects, send Inform Letters to clients, and customize the Press Release to be shared with local news outlets. The Order Form can be used to purchase additional lapel pins and banners.

Here are a few additional suggestions in using these assets in your marketing:

- Use the logo on business materials such as business cards, pamphlets, printed care plans, and company stationary.
- Highlight the award in advertisements through radio and TV as appropriate, using terms such as, “A Best of Home Care Award-Winning Provider.”
- Highlight the logo in print advertising channels, such as:
  - Newspaper ads
  - Direct Mail
  - Valpak and other discount mailers
  - Billboards
  - Window clings and car wraps/decals
  - Signage
  - Yellow Pages
  - A-frame signs near sidewalks
  (check with your city for permit laws)
- Print the logo on stickers you can put on the covers of magazines, and donate these magazines to doctor’s offices and waiting rooms.
- Use the award logos and title in your web marketing efforts, including:
  - Website content and home page banners
  - E-mail signatures
  - Social media accounts and headers
  - Local online classifieds and business directories
  - YouTube videos
  - Listing sites like Care.com and Angie’s List
  - Pay-per-click advertising (search engines)
  - Referral source “Trusted Partners” pages

Web pages where your referral sources list their trusted partners.
A few other ideas could include:

- Mentioning the award in local events and group meetings (Chamber of commerce, Rotary club, Civic associations, etc.)

- Display award certificates and materials prominently in the office and bring a framed certificate with you to new client consultations.

- Use the logo in office templates that could potentially be seen by customers, such as PowerPoint presentations.

As you can see, it’s not really rocket science. It really just comes down to blanketing your messaging with news of this award. Whenever someone could possibly come in contact with your agency, make sure the award is part of that interaction. As you do this it gives your agency credibility and helps prospective clients and employees feel comfortable with you as a home care provider.

ABOUT THE AUTHOR

Chris Marcum is the Director of Marketing for Home Care Pulse. Chris holds a bachelor’s degree in Communication from BYU – Idaho, and with his secondary degree in culinary arts he graduated with plans of becoming a food writer. Due to the struggling job market in 2009, Chris decided to take a job as an event planner for an e-learning software company in Utah, where he fell in love with SEO and emerging marketing technologies. Since that time Chris has performed many duties related to business management, from UX design to product management. He’s passionate about authentic marketing and passionately believes all effective growth strategies stem from simply being great at what you do. Chris and his wife, Julia, are the proud parents of two beautiful little girls and a tender-hearted St. Bernard named Charly.
Using Technology to Drive Marketing Efforts: If You Use It, They Will Come.

Written by Todd Allen, President & Co-Owner of Axis Home Care Software

If you’re like me, you have at some point purchased a membership to a gym (or bootcamp, etc.) thinking “I don’t really feel like working out, but if I’m paying money for it I will make it happen!” In this example, it’s frugality that drives our motivation (we hate wasting money). We value a dollar and what it takes to earn one, so we use that to drive us towards working out - something we may not want to do. The same idea holds true for using technology to help drive your efforts to market your homecare agency. You more than likely got into the homecare industry because you care about people and you want to help those who cannot help themselves, not so you can become a marketing expert, pouring over and learning different technologies. Would it force you to use marketing tools if you invest some resources on them? Would it motivate you to spend a little time researching and developing small work-flow changes if you knew it would help you attract more clients? I believe it would.

Regarding marketing in general, there are two different types of thinking I want to bring to light and address. Of course there are more than two, but these cover the vast majority of homecare agency owners. The first is what I call The Purist. The Purist asks, “Why should I need to spend effort marketing my company when our service and reputation should be what drives clients to us?” Even though this is the mantra of some of the most quality-driven agencies in the country, I would challenge that thinking with this question: How are prospective clients going to know you’re so good, if they don’t even know about you? I’ve heard it said before, “The only thing prospects know about your service before they buy is your marketing.” Think about it, you could offer the most attentive, professional, highest quality homecare in your entire state, but no one will get the chance to experience that care if you don’t market it. And trust me, your competitors are. According to Gartner, 50% of companies plan on increasing their marketing budget in 2015. That alone should drive you to spend more effort, knowing that your prospects are choosing an inferior service. It drives me.

The other type is The Salesman. Some sales professionals (not all of them I realize) are... shall we say... scatterbrained. They love people, and people love them. They’re driven by activity, meetings with referral sources,
and performance. Owners can fall into this category, and of course agency marketers. The Salesman thinks, “It doesn’t matter that I keep track of my efforts - just that I perform them!” Although the effort is the hardest part and of course necessary, you miss out on the intel that recording those efforts can give you.

I’ve developed a simple list of eight marketing activities involving technology that will help home care professionals on both ends of the spectrum. Adding these activities into your workflow will not only help you grow your agency, but also help the prospects in your community experience the great care your agency provides!

1. **TRACK ALL MARKETING MEETINGS**
   Set up and manage a separate calendar for each person involved in marketing your agency. Make them accessible on personal devices, so the marketers can easily update them. Once a month, report how many meetings the marketer(s) had. Compare month to month numbers. As an added bonus, have these marketing calendars integrate with your scheduling software to easily transfer marketing notes into new client files.

2. **USE SOCIAL MEDIA**
   We all know by now the merits of using social media platforms to connect with your community. The main decision to make is whether you’ll do them in-house or have a company manage your accounts for you. There are pros to both methods, but companies like Homecare Interact who know the Homecare market can help you decide which platforms to be on and manage them for you, freeing you up for other activities.

3. **TRACK REFERRAL SOURCES**
   Every prospect/new client needs to be asked, “How Did You Hear About Us?” Try not to settle for ‘Word of
Mouth,’ ‘Web Search,’ or other ambiguous sources, but instead ‘XYZ Client’ or ‘Bestofhomecare.com’ as examples. Tracking this information is the key to deciding where to spend your time. Over time, it’s crucial to be able to pull reports on the effectiveness of each referral source and adjust your activities accordingly (see #4).

4. REPORT REVENUE GENERATED BY EACH REFERRAL SOURCE MONTHLY
If you’re doing a good job tracking referrals you will be able to see the clients those referral sources have brought you, as well as the revenue they’ve generated. This is especially helpful if you’re using traditional advertising (TV, Radio, Print, etc) to track their ROI. Manage the money/time spent on each referral source based on their impact to your bottom line and make adjustments as needed.

5. TAKE GOOD (ELECTRONIC) NOTES
Using your separate marketing calendar, after every meeting with a referral source, prospect, etc, record all important information, and even personal information about the referral source. For example: ‘Susan loves chocolate. Has two daughters - Emily and Grace. She is the PT on staff. Working with two people that are about to be discharged: John Doe and Jane Doe...’ Keeping good notes can be boring, but so beneficial especially for those of us with terrible memory!

6. TRACK WHERE YOU LEAVE YOUR LITERATURE
The 2014 Private Duty Benchmarking Study revealed that placing literature in referral source offices was the number two referral source marketing activity. When you think about the cost of brochures and how many locations you can blanket, this is an incredibly high ROI activity. Recording where and when you leave brochures and knowing when to revisit and refill will help you keep the racks full.

7. PLAN YOUR DAILY MARKETING ROUTE
Many agencies have a large service area, and you can save several hours of time a week by using route generators (like Google Maps). Use them to plan the most efficient route for your marketing activities each day.

8. USE INCOME BY ZIP CODE DATA TO FOCUS YOUR EFFORTS
IRS.gov and other third party services are available online to find median income amounts for the zip codes in your area (Tax Stats), helping you market your services to those who can afford it. This is especially beneficial for targeting private pay clients.

Although some of the above are more effective than others, there is no single ‘Silver Bullet’ marketing technology. Using a combination of all eight on the list however, will transform your agency. The bottom line is, if you will take the time to set up these new technologies into your daily routine, you have a better chance at using them!

ABOUT THE AUTHOR
Todd Allen is president and co-owner of Axiscare Home Care Software, a scheduling, marketing, and CRM software for private duty. Before Axiscare, Todd was a small business consultant in the area of IT and Marketing, where he experienced both the excitement and the challenges of running a small business. As a Baylor University grad (and still a big fan), Todd lives in Central Texas with his wife Lauren, and two children Cooper and Brynn. Todd can be reached at toddallen@axiscaresales.com or 800-930-7201.
FINANCE

- Revenue Percentile Rankings
- Historical Median Revenue
- Profit & Loss Comparisons
- Sales & Marketing and Other Expenses
- Revenue Generated by Service Offerings
- Payer Source Percentages
- Historical Government Programs
- Medicaid Revenue Percentage
- Weekly Billable Hours
- Billing Rates
- Featured Article: “Knowing your Numbers Translates to Big Revenue Growth: 5 Ways To Use Numbers To Grow Your Home Care Agency” By Derek Jones
- Featured Article: “The Revolving Door of Clients and Its Impact on a Sale” By Scott Osborne
### 3.1 Historical Revenue Percentile Rankings - Overall

Percentile rankings are useful in comparing your 2014 revenue to the industry and sub-groups. For example, if your business's revenue was $2,300,000, your annual revenue is in the 70th percentile, meaning 70% of the participants' revenue is lower than yours.

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Median - 50th</th>
<th>40th</th>
<th>30th</th>
<th>20th</th>
<th>10th</th>
</tr>
</thead>
<tbody>
<tr>
<td>90th</td>
<td>$3,990,000</td>
<td>$4384,487</td>
<td>$3000,000</td>
<td>$258,000</td>
<td>$265,451</td>
</tr>
<tr>
<td>80th</td>
<td>$2,900,000</td>
<td>$2,481,072</td>
<td>$2,291,395</td>
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<tr>
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<td>$1,907,841</td>
<td>$1,907,841</td>
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<tr>
<td>60th</td>
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<td>$1,486,288</td>
<td>$1,398,090</td>
<td>$1,543,659</td>
</tr>
<tr>
<td>Median - 50th</td>
<td>$1,844,637</td>
<td>$1,035,380</td>
<td>$900,000</td>
<td>$800,000</td>
<td>$800,000</td>
</tr>
<tr>
<td>40th</td>
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<td>$861,000</td>
<td>$837,000</td>
<td>$465,451</td>
<td>$465,451</td>
</tr>
<tr>
<td>30th</td>
<td>$606,000</td>
<td>$637,284</td>
<td>$533,272</td>
<td>$401,198</td>
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<tr>
<td>20th</td>
<td>$409,000</td>
<td>$456,000</td>
<td>$533,272</td>
<td>$305,400</td>
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</tr>
<tr>
<td>10th</td>
<td>$250,000</td>
<td>$233,000</td>
<td>$227,136</td>
<td>$250,000</td>
<td>$227,136</td>
</tr>
</tbody>
</table>

Percentile graphs illustrate rankings on a scale from 1%–100%. For example, if your results, based on the value on the right, fall somewhere in the 70th percentile, you are outperforming 70% of the industry in that particular measurement.
3.2 Historical Revenue Percentile Rankings for 2014 - Leaders

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
Revenue Percentile Rankings

3.3 Revenue Percentile Rankings in 2014 - Years in Business

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
3.4 Revenue Percentile Rankings for 2014 - Number of Locations

- **95th Percentile**:
  - 1 Location: $4,603,200
  - 2 Locations: $5,945,556
  - 3+ Locations: $23,141,000

- **75th Percentile**:
  - 1 Location: $2,028,788
  - 2 Locations: $2,687,345
  - 3+ Locations: $7,175,000

- **Median - 50th Percentile**:
  - 1 Location: $1,211,479
  - 2 Locations: $2,058,086
  - 3+ Locations: $3,550,000

- **25th Percentile**:
  - 1 Location: $714,231
  - 2 Locations: $1,335,000
  - 3+ Locations: $1,659,000

- **5th Percentile**:
  - 1 Location: $244,550
  - 2 Locations: $613,121
  - 3+ Locations: $673,130

3.5 Revenue Percentile Rankings for 2014 - Population Served

- **95th Percentile**:
  - 100K or Less: $3,509,500
  - 100K-250K: $4,319,200
  - 250K-500K: $6,206,787
  - 500K+: $10,955,774

- **75th Percentile**:
  - 100K or Less: $2,086,061
  - 100K-250K: $1,879,250
  - 250K-500K: $2,083,000
  - 500K+: $4,236,308

- **Median - 50th Percentile**:
  - 100K or Less: $1,117,601
  - 100K-250K: $1,252,500
  - 250K-500K: $1,327,000
  - 500K+: $2,038,065

- **25th Percentile**:
  - 100K or Less: $757,500
  - 100K-250K: $672,500
  - 250K-500K: $872,302
  - 500K+: $1,095,967

- **5th Percentile**:
  - 100K or Less: $453,842
  - 100K-250K: $269,286
  - 250K-500K: $305,978
  - 500K+: $294,879

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
Revenue Percentile Rankings

3.6 Revenue Percentile Rankings for 2014 - Geographic Region

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
3.7 Revenue Percentile Rankings for 2014 - Skilled Home Health

Revenue Percentile Rankings

- 95th percentile: $13,164,736
- 75th percentile: $3,114,431
- Median (50th percentile): $1,881,310
- 25th percentile: $1,100,559
- 5th percentile: $188,750

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

This represents those providers who said they are part of a skilled home health care business; the revenue reported represents their private duty revenue only.
3.8 Historical Median Revenue - Overall

Historical Median Revenue

3.9 Historical Median Revenue Growth Percentage - Overall

Revenue growth percentage is based off of the median revenue. Please keep in mind that the larger a business is, the more difficult it is to increase the percentage of revenue growth.
3.10 Historical Median Revenue - Number of Locations

3.11 Historical Median Revenue Growth Percentage - Number of Locations
3.12 Historical Median Revenue - Geographic Region

3.13 Median Revenue Growth Percentage - Geographic Region
3.14 Historical Median Revenue - Select U.S. States

States listed had a large enough sample size to be included.
Historical Median Revenue

3.15 Historical Median Revenue - HCAOA Members vs. Non-HCAOA Members

<table>
<thead>
<tr>
<th>Year</th>
<th>HCAOA Members</th>
<th>Non-HCAOA Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$1,321,000</td>
<td>$652,000</td>
</tr>
<tr>
<td>2011</td>
<td>$1,555,000</td>
<td>$771,000</td>
</tr>
<tr>
<td>2012</td>
<td>$1,467,768</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>2013</td>
<td>$1,650,970</td>
<td>$1,235,075</td>
</tr>
<tr>
<td>2014</td>
<td>$1,827,467</td>
<td>$1,278,054</td>
</tr>
</tbody>
</table>

HCAOA Members
Non-HCAOA Members
Profit & Loss Comparisons

Understanding Profit & Loss Comparisons

Profit & Loss statements display median values rounded to the nearest tenth. To find the dollar amount associated with each category, multiply the median revenue by the percentage of that category.

PROFIT & LOSS DEFINITIONS

Direct Care Expenses – These are expenses directly related to caring for clients (not to be confused with the term “Variable Expenses,” which is a common accounting term used for expenses that fluctuate based on revenue). Though many Direct Expenses, such as Caregiver Wages, are also “Variable Expenses,” we use the term “Direct Care Expenses” in order to make the financial data easy to understand and specific to the private duty home care industry.

Caregiver Wages – These are strictly caregiver wages and do not include other employer expenses, such as payroll fees.

Caregiver Payroll Burdens – This Direct Expense item includes third-party payroll fees, employer taxes related to caregiver wages, and any other payroll-related expense. It does not include caregiver wages.

Other Direct Care Expenses – This includes any expense related to the Direct Care of clients that is not covered by the other main direct care categories, such as Caregiver Training, Recruitment, Background/Screening Checks, Caregiver Bonuses, and Client Supplies (such as gloves, etc.).

Gross Profit Margin (GPM) – Percent of revenue left after Direct Care Expenses.

Indirect Expenses – Also known as Fixed Expenses, these expenses are reserved for overhead.

Other Marketing Expenses – Consulting and other expenses not captured in the main marketing categories.

Office Support Wages – Includes all office support staff (office managers, payroll, billing, schedulers, etc.).

Executive Team (Non-Owner) Wages – This category represents top management who are non-owners.

Other Operating Expenses – Includes miscellaneous software, travel, franchise fees (if applicable), staff benefits, etc.

Estimated Net Ordinary Income – This is the profit after all Direct and Indirect Expenses have been paid. This profit is used to pay owners, make charitable contributions, and pay other non-operating expenses (not to be confused with Net Profit, which is the profit after everyone has been paid, including owners, other expenses, etc.) We have not included Net Profit in our study because it was not possible to quantify from the data.

Charitable donations – Includes all donations the company gives to charities and the community. (Though the median is zero percent, the average was approximately $5,000.)

Interest Expenses – This is interest paid from borrowings such as bonds, loans, notes, etc.

Other Taxes – All other taxes that are non-employee related, but related to the operation of the business. Usually these are taxes against profits earned by the business.

Owner Salaries – Represents the salary the owner is paid.

Owner Miscellaneous – Perqs and other expenses, such as company vehicle, memberships, etc.
### 3.16 Profit & Loss Comparison - 2014 Leaders vs. Historical

<table>
<thead>
<tr>
<th></th>
<th>Leaders - $2.4M+</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Revenue</td>
<td>$4,382,000</td>
<td>$1,543,659</td>
<td>$1,398,090</td>
<td>$1,160,000</td>
</tr>
<tr>
<td><strong>Direct Care Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Wages</td>
<td>52.9%</td>
<td>52.5%</td>
<td>53.0%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Workers’ Comp.</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Caregiver Benefits (Health, 401K)</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caregiver Payroll Burdens</td>
<td>5.4%</td>
<td>5.6%</td>
<td>5.8%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other Direct Care Expenses</td>
<td>0.8%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total Direct Care Expense</strong></td>
<td><strong>61.2%</strong></td>
<td><strong>61.0%</strong></td>
<td><strong>61.3%</strong></td>
<td><strong>61.3%</strong></td>
</tr>
<tr>
<td><strong>Gross Profit Margin</strong></td>
<td><strong>38.8%</strong></td>
<td><strong>39.0%</strong></td>
<td><strong>38.7%</strong></td>
<td><strong>38.7%</strong></td>
</tr>
<tr>
<td><strong>Indirect Care Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>0.6%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Networking/Events</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sales Rep Salaries + Bonuses</td>
<td>1.4%</td>
<td>0.8%</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other Marketing Expenses</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total Marketing Expenses</strong></td>
<td><strong>2.1%</strong></td>
<td><strong>1.9%</strong></td>
<td><strong>1.3%</strong></td>
<td><strong>2.0%</strong></td>
</tr>
<tr>
<td>Rent, Maintenance, &amp; Utilities</td>
<td>1.5%</td>
<td>1.7%</td>
<td>1.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Office Support Wages</td>
<td>8.2%</td>
<td>7.7%</td>
<td>7.8%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Executive Team (Non-Owners)</td>
<td>1.9%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Scheduling Software</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Traveling Expenses</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>2.9%</td>
<td>1.7%</td>
<td>2.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Total Indirect Care Expenses</strong></td>
<td><strong>17.1%</strong></td>
<td><strong>13.6%</strong></td>
<td><strong>13.4%</strong></td>
<td><strong>14.7%</strong></td>
</tr>
<tr>
<td>*Estimated Net Ordinary Income</td>
<td><strong>21.7%</strong></td>
<td><strong>25.4%</strong></td>
<td><strong>25.3%</strong></td>
<td><strong>24.0%</strong></td>
</tr>
<tr>
<td><strong>Other Expenses (Non-Operational)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Donations</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest expenses (loans, notes, etc.)</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other taxes (non-employee related)</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner salaries</td>
<td>2.3%</td>
<td>3.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner misc. (perqs and other expenses)</td>
<td>0.0%</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td><strong>2.3%</strong></td>
<td><strong>3.5%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Estimated Net Ordinary Income is approximate and is not the same as Net Profit. Net Ordinary income is profit before owner(s) salary, distributions, loan payments etc.

For definitions, please refer to page 65.

The percentages in the table represent a percent of revenue for each income and expense category. Also, these are median percentages (taking the middle number of the group), and therefore, if an expense says 0.0% (e.g., Sales Rep Salaries + Bonuses, Charitable Donations), this doesn’t necessarily mean that no one has sales reps or is giving to charity. 0.0% was simply the median number of the group being represented.

Other Expenses (Non-Operational) – Is not included for previous years, as we did not ask survey participants for this information in previous surveys.
### Profit & Loss Comparisons

#### 3.17 Profit & Loss Comparison for 2014 - Geographic Region

<table>
<thead>
<tr>
<th></th>
<th>Northeast</th>
<th>Great Lakes</th>
<th>Southern</th>
<th>Central</th>
<th>Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Revenue</td>
<td>$1,951,651</td>
<td>$1,377,000</td>
<td>$1,263,882</td>
<td>$1,402,400</td>
<td>$1,520,000</td>
</tr>
<tr>
<td><strong>Direct Care Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Wages</td>
<td>53.2%</td>
<td>52.7%</td>
<td>54.4%</td>
<td>51.4%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Workers’ Comp.</td>
<td>2.0%</td>
<td>1.7%</td>
<td>1.6%</td>
<td>1.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Caregiver Benefits (Health, 401K)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caregiver Payroll Burdens</td>
<td>5.7%</td>
<td>5.9%</td>
<td>5.1%</td>
<td>5.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Other Direct Care Expenses</td>
<td>0.8%</td>
<td>1.2%</td>
<td>0.7%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Total Direct Care Expense</strong></td>
<td><strong>61.7%</strong></td>
<td><strong>61.5%</strong></td>
<td><strong>61.9%</strong></td>
<td><strong>59.2%</strong></td>
<td><strong>62.3%</strong></td>
</tr>
<tr>
<td><strong>Gross Profit Margin</strong></td>
<td><strong>38.3%</strong></td>
<td><strong>38.5%</strong></td>
<td><strong>38.1%</strong></td>
<td><strong>40.8%</strong></td>
<td><strong>37.7%</strong></td>
</tr>
<tr>
<td><strong>Indirect Care Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>0.8%</td>
<td>1.1%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Networking/Events</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Sales Rep Salaries + Bonuses</td>
<td>0.1%</td>
<td>0.8%</td>
<td>0.7%</td>
<td>1.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other Marketing Expenses</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total Marketing Expenses</strong></td>
<td><strong>1.1%</strong></td>
<td><strong>2.3%</strong></td>
<td><strong>1.6%</strong></td>
<td><strong>2.3%</strong></td>
<td><strong>2.3%</strong></td>
</tr>
<tr>
<td>Rent, Maintenance, &amp; Utilities</td>
<td>1.4%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Office Support Wages</td>
<td>6.8%</td>
<td>8.9%</td>
<td>5.5%</td>
<td>8.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Executive Team (Non-Owners)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Scheduling Software</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Traveling Expenses</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>1.8%</td>
<td>4.3%</td>
<td>1.3%</td>
<td>1.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Total Indirect Care Expenses</strong></td>
<td><strong>11.7%</strong></td>
<td><strong>18.2%</strong></td>
<td><strong>10.8%</strong></td>
<td><strong>15.1%</strong></td>
<td><strong>15.4%</strong></td>
</tr>
<tr>
<td><em>Estimated Net Ordinary Income</em></td>
<td><strong>26.6%</strong></td>
<td><strong>20.4%</strong></td>
<td><strong>27.3%</strong></td>
<td><strong>25.7%</strong></td>
<td><strong>22.3%</strong></td>
</tr>
<tr>
<td><strong>Other Expenses (Non-Operational)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Donations</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Interest expenses (loans, notes, etc.)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other taxes (non-employee related)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Owner salaries</td>
<td>2.3%</td>
<td>4.1%</td>
<td>2.3%</td>
<td>4.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Owner misc. (perqs and other expenses)</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td><strong>2.3%</strong></td>
<td><strong>4.3%</strong></td>
<td><strong>2.3%</strong></td>
<td><strong>5.1%</strong></td>
<td><strong>3.6%</strong></td>
</tr>
</tbody>
</table>

*For definitions, please refer to page 65.*

The percentages in the table represent a percent of revenue for each income and expense category. Also, these are median percentages (taking the middle number of the group), and therefore, if an expense says 0.0% (e.g., Sales Rep Salaries + Bonuses, Charitable Donations), this doesn’t necessarily mean that no one has sales reps or is giving to charity. 0.0% was simply the median number of the group being represented.

*Estimated Net Ordinary Income is approximate and is not the same as Net Profit. Net Ordinary income is profit before owner(s) salary, distributions, loan payments etc.*
### Profit & Loss Comparison for 2014 - Revenue Ranges

<table>
<thead>
<tr>
<th></th>
<th>Leaders - $2.4M+</th>
<th>$1.6M - $2.399M</th>
<th>$800K - $1.599M</th>
<th>$0 - $799K</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct Care Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Wages</td>
<td>52.9%</td>
<td>53.4%</td>
<td>51.1%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Workers’ Comp.</td>
<td>1.9%</td>
<td>1.8%</td>
<td>2.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Caregiver Benefits (Health, 401K)</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caregiver Payroll Burdens</td>
<td>5.4%</td>
<td>5.7%</td>
<td>5.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Other Direct Care Expenses</td>
<td>0.8%</td>
<td>0.8%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Total Direct Care Expense</strong></td>
<td>61.2%</td>
<td>61.7%</td>
<td>59.8%</td>
<td>59.5%</td>
</tr>
<tr>
<td><strong>Gross Profit Margin</strong></td>
<td>38.8%</td>
<td>38.3%</td>
<td>40.2%</td>
<td>40.5%</td>
</tr>
<tr>
<td><strong>Indirect Care Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>0.6%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Networking/Events</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sales Rep Salaries + Bonuses</td>
<td>1.4%</td>
<td>0.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Marketing Expenses</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total Marketing Expenses</strong></td>
<td>2.1%</td>
<td>1.7%</td>
<td>1.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Rent, Maintenance, &amp; Utilities</td>
<td>1.5%</td>
<td>1.8%</td>
<td>1.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Office Support Wages</td>
<td>8.2%</td>
<td>8.8%</td>
<td>7.4%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Executive Team (Non-Owners)</td>
<td>1.9%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Scheduling Software</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Traveling Expenses</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>2.9%</td>
<td>2.2%</td>
<td>3.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total Indirect Care Expenses</strong></td>
<td>17.1%</td>
<td>15.0%</td>
<td>14.4%</td>
<td>13.0%</td>
</tr>
<tr>
<td><strong>Estimated Net Ordinary Income</strong></td>
<td>21.7%</td>
<td>23.3%</td>
<td>25.8%</td>
<td>27.5%</td>
</tr>
<tr>
<td><strong>Other Expenses (Non-Operational)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Donations</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Interest expenses (loans, notes, etc.)</td>
<td>0.0%</td>
<td>0.0%</td>
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</tr>
<tr>
<td>Other taxes (non-employee related)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Owner salaries</td>
<td>2.3%</td>
<td>4.0%</td>
<td>5.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Owner misc. (perqs and other expenses)</td>
<td>0.0%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td>2.3%</td>
<td>4.2%</td>
<td>5.7%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

For definitions, please refer to page 65.

The percentages in the table represent a percent of revenue for each income and expense category. Also, these are median percentages (taking the middle number of the group), and therefore, if an expense says 0.0% (e.g., Sales Rep Salaries + Bonuses, Charitable Donations), this doesn’t necessarily mean that no one has sales reps or is giving to charity. 0.0% was simply the median number of the group being represented.

*Estimated Net Ordinary Income is approximate and is not the same as Net Profit. Net Ordinary income is profit before owner(s) salary, distributions, loan payments etc.
3.19 Sales & Marketing Expenses Percentile Ranking for 2014 – Revenue Ranges

<table>
<thead>
<tr>
<th>Sales &amp; Marketing Expenses</th>
<th>Leaders - $2.4M+</th>
<th>$1.6M - 2.399M</th>
<th>$800K - 1.599M</th>
<th>$0 - $799K</th>
</tr>
</thead>
<tbody>
<tr>
<td>95th</td>
<td>$432,445</td>
<td>$163,810</td>
<td>$101,890</td>
<td>$128,009</td>
</tr>
<tr>
<td>75th</td>
<td>$249,627</td>
<td>$90,000</td>
<td>$65,000</td>
<td>$49,912</td>
</tr>
<tr>
<td>Median - 50th</td>
<td>$133,550</td>
<td>$44,617</td>
<td>$35,903</td>
<td>$22,250</td>
</tr>
<tr>
<td>25th</td>
<td>$74,603</td>
<td>$22,545</td>
<td>$18,000</td>
<td>$6,937</td>
</tr>
<tr>
<td>5th</td>
<td>$14,595</td>
<td>$9,512</td>
<td>$5,300</td>
<td>$2,317</td>
</tr>
</tbody>
</table>

Sales & Marketing expenses include advertising, networking/events, sales rep salaries and bonuses, and all other marketing expenses.

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

3.20 Average Other Expenses (Non-Operational) for 2014 – Geographic Region

<table>
<thead>
<tr>
<th>Other Expenses (Non-Operational)</th>
<th>Northeast</th>
<th>Great Lakes</th>
<th>Southern</th>
<th>Central</th>
<th>Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charitable Donations</td>
<td>$3,263</td>
<td>$5,784</td>
<td>$1,797</td>
<td>$2,249</td>
<td>$5,138</td>
</tr>
<tr>
<td>Interest expenses (loans, notes, etc.)</td>
<td>$11,750</td>
<td>$3,582</td>
<td>$9,946</td>
<td>$5,117</td>
<td>$4,294</td>
</tr>
<tr>
<td>Other taxes (non-employee related)</td>
<td>$5,619</td>
<td>$3,468</td>
<td>$5,996</td>
<td>$2,419</td>
<td>$7,524</td>
</tr>
<tr>
<td>Owner salaries</td>
<td>$77,005</td>
<td>$81,876</td>
<td>$82,422</td>
<td>$80,546</td>
<td>$70,700</td>
</tr>
<tr>
<td>Owner misc. (perqs and other expenses)</td>
<td>$12,595</td>
<td>$12,765</td>
<td>$16,393</td>
<td>$25,149</td>
<td>$5,636</td>
</tr>
</tbody>
</table>

This chart displays the average (not median) for Other Expenses (Non-Operational) by geographic region.
3.21 Historical Revenue Generated by Service Offerings

**2012**

- 80.1% Hourly Care
- 14.9% Live-In Care
- 0.6% Geriatric Care
- 0.3% Alert Monitoring
- 2.0% Skilled Nursing
- 0.6% Health Care Staffing Services
- 1.5% Other Services

**2013**

- 79.1% Hourly Care
- 12.3% Live-In Care
- 0.9% Geriatric Care
- 0.3% Alert Monitoring
- 3.4% Skilled Nursing
- 1.3% Health Care Staffing Services
- 2.7% Other Services

**Other Service Offerings Mentioned**

- Child Care
- CNA Classes
- CPR & First Aid Training
- Errands Service
- Guardianship
- Home Health
- Meal Preparation
- Medication Management
- Overnight Services
- Placement Services
- Transition Programs
- Transportation

Information from this page is taken from the 2014 Private Duty Benchmarking Study.
3.22 Historical Payer Source Percent of Revenue

<table>
<thead>
<tr>
<th>Payer Source</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>70.6%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>10.3%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Veteran Assistance</td>
<td>2.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Billed Medicaid</td>
<td>3.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>7.7%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>0.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other Insurance</td>
<td>0.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Billed Hospitals Directly</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Area Agencies on Aging</td>
<td>1.5%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Trusts/Banks</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>1.9%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Other Payer Sources Mentioned

- Alzheimer’s Association
- Charitable Organizations
- Contributions
- County Funding
- Grants
- HUD Wellness Program
- Jewish Family Services
- Local Government Agencies
- MS Society
- PACE Program
- Schools
- State Funding

Information from this page is taken from the 2014 Private Duty Benchmarking Study.
Survey participants were asked, “Which, if any, of these programs are a payer source for your services?”

The percentage shown represents the providers who received payments from these government programs.
3.24 Medicaid Revenue Percentage for 2014

Survey participants were asked, “What percentage of your private duty home care revenue comes from Medicaid Waiver or similar Medicaid supported programs?”

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

3.25 Median Revenue Medicaid Waiver for 2014

This graph represents the median revenue of those receiving 50%+ of their revenue from Medicaid vs. those receiving less than 50% of their revenue from Medicaid.

- 50%+ of Revenue
- Less than 50% of Revenue
Weekly Billable Hours

3.26 Median Weekly Billable Hours - Overall & Leaders

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.

3.27 Service Billing Methods - Historical

Information from graph 3.27 is taken from the 2014 Private Duty Benchmarking Study.

- Length of Visit
- Caregiver Skill Needed
- Length of Visit 7
- Caregiver Skill Needed
- Other
3.28 Historical Length of Service Median Billing Rates - Overall

Information from this page is taken from the 2014 Private Duty Benchmarking Study.

3.29 Length of Service Median Billing Rates for 2013 - Geographic Region

- Pacific
- Central
- Southern
- Great Lakes
- Northeast
Billing Rates

3.30 Historical Caregiver Skill Level Billing Rates - Overall

Information from this page is taken from the 2014 Private Duty Benchmarking Study.

- Companion/Homemaker
- Personal Care Attendant
- Certified Nurse Assistant or Home Health Aid

3.31 Caregiver Skill Level Billing Rates for 2013 - Geographic Region
3.32 Historical Live-In Billing Rates - Overall

Live-in care is billed daily for 24-hour care (i.e. caregiver sleeps in the home).

- 2010: $240.00
- 2011: $225.00
- 2012: $250.00
- 2013: $252.50

Information from this page is taken from the 2014 Private Duty Benchmarking Study.

3.33 Live-In Billing Rates for 2013 - Geographic Region

Billings for 2013 by geographic region:

- Pacific: $315.00
- Central: $280.00
- Southern: $240.00
- Great Lakes: $250.00
- Northeast: $240.00

Information from this page is taken from the 2014 Private Duty Benchmarking Study.
Knowing your Numbers Translates to Big Revenue Growth: 5 Ways To Use Numbers To Grow Your Home Care Agency

Written by Derek Jones, Senior Director of Marketing for ClearCare

You could hear the air being sucked from the room when Dr. Stephanacci challenged a home care agency to provide a specific metric: “What is your readmission rate for clients with pneumonia?” At a local health conference with dozens of home care agencies, the well-respected Chief Medical Officer, asked this of a home care agency owner in response to a defiant line of questioning, accusing the medical group of not recognizing the value of home care or returning calls. Those in the room were powerless against this question, which asked they prove the value of home care. As a result, the home care agencies were viewed as not worthy of face time by the hundreds of primary care physicians represented within this major medical network. This was a very real lesson in how you can’t know your value unless you know your numbers.

Knowing your numbers is simple and can provide an agency with a high degree of competitive differentiation. Think you’re the best? Prove it. Have the best caregivers? Everyone says that! Substantiating your claims with numbers can be a game changer for new or tenured offices who face a sea of competition. Here are 5-ways to inspire your agency to use simple numbers to differentiate and grow your agency:

1. ARE YOU THE LEADER IN ALZHEIMER’S?
   Whenever a caregiver is added to your roster, tag them with their experience in different areas. Note each caregiver who has had at least 6 months experience working with clients who have Dementia, MS, Parkinson’s, ALS or any other condition where a specialist approach will differentiate. The power statement you’ll equip yourself with is “60% of our caregivers have experience working with (enter the condition here, i.e., Alzheimer’s, MS etc.).” When speaking to your local Alzheimer’s chapter, this is a big deal and will win referrals.

2. DO YOU HAVE THE BEST MARKETING PROGRAM?
   The Hawthorne Effect is a proven behavior principle that roughly states by the simple effect of measuring or observing behavior, that behavior will be improved. If you ask your marketer to enter all of their referral source visits into your software system each day then the quality and quantity will eventually go up. How many referral
sources are in your market? Start asking and the number will go up. How many referrals have come in as a result of the marketing activity? Write the number on a whiteboard each week and the number will go up.

3. ARE YOU EFFECTIVE AT PREVENTING READMISSIONS?
Preventing readmissions is a major focus, so why not be the only agency in your market to show that 90% of your clients avoid hospitalizations when caregivers are assisting with four or more hours of care per day? Your agency can scan the Medicare database by region to see what percent of the population is admitted and your power statement then becomes, “In this city, 42% of seniors who are 85 or older are admitted into a hospital every 12 months. Clients who use [your agency name] are only admitted 10% of the time -- showing that our services decrease preventable hospitalizations by 32%.” You’re now equipped to tell a chief medical officer the ‘why my home care agency’ story. Additionally, you’re prepared to tell families why just one or two hours of service in the middle of the day might go against their desired outcomes.

4. HOW STRINGENT IS YOUR CAREGIVER SCREENING PROCESS?
A simple metric to show your agency’s selectivity is to take the total number of inquiry calls and e-mail applications for caregiver jobs over a 30-day period and divide that by the number of actual caregivers that your agency successfully screened for your agency. For example, if you received 100 job inquiries per month and you successfully screen 5 caregivers, your stringent screening process only passes 5% of caregivers. Conveying this to families or discharge planners will show your commitment to high quality of care and the value of hiring your agency over ‘wingin’ it’ with family members or finding an independent caregiver online.

5. HOW SATISFIED ARE YOUR CLIENTS?
Running a monthly satisfaction program that measures “Net Promoter” and “Recommend” scores will give your agency the ‘Geico’ insurance data point that ‘94% of your customers are satisfied with service’. You can also ask a ‘wildcard’ question, such as ‘What is your goal of having home care?’ Some clients want to return back to a physical or emotional state, some want to see their friends once a week, while others want to stay out of the hospital or prevent another fall. Here are a few ways you can use data like this for different audiences:

Referral Sources/Potential Clients: “95% of our clients meet their goals when receiving home care.” Referral sources will trust you with their reputation, and potential clients will trust you with their care.

Caregivers: “We only recruit and hire the best -- so much so that 95% of the clients report their goals are met with in-home care. This means happier clients, longer cases, and
more meaningful work for you. Your caregivers will feel a sense of stability with your agency, and have confidence in your employment.

ABOUT THE AUTHOR

Derek Jones joined the senior care industry after losing several family members who could have lived a longer and higher quality of life if awareness of affordable home care services were available in his rural NC community. At one of the fastest growing senior care brands Derek managed 9 company-owned offices with revenues in excess of $20M and then led company-wide sales and marketing programs, assisting with over 100 new office launches and growing same store sales. Prior to joining the senior care industry Derek was an Analyst at American Franchise Company, a Charlotte, NC based investment and management firm focused on the health care industry. Derek also worked with MarketSource, a firm which focused on integrated sales and marketing tactics which help leading manufacturers and service providers in the consumer electronic, IT, telecom, automotive, and healthcare industries gain market share and grow revenues.

Derek received his Bachelor of Science degree from North Carolina State University at Raleigh, NC in Biological Business Management and Economics, and completed a Management Development Program with the Harvard Business School Club of Charlotte.

Derek enjoys spending time with family, brothers, running road races, mountain biking, boxing, and anything to do with baseball or the outdoors.
The Revolving Door of Clients and Its Impact on a Sale

Written by Scott Osborne, Managing Principal of Osborne HomeCare Group

Comprised primarily of highly involved owner-operators, many part of nationally branded franchise systems, the private duty home care industry is highly fragmented with relatively low consolidation activity. Most acquisitions involve an aspiring owner-operator purchasing from a retiring owner-operator.

As a national mergers & acquisition practice exclusively focused on home care, we work closely with these aspiring and retiring owner-operators daily and have a unique perspective into what attracts one to the other.

The most common profile of new owner-operators are high net worth Managers with little to no industry experience but considerable relevant experience. They are too young to retire, too vested in the community to relocate and too independent or entrepreneurial to continue working for someone else. They are attracted to the home care industry because of the growing demand, its relative simplicity and their desire to make a difference as well as a dollar.

As these aspiring owner-operators evaluate acquisition opportunities, they quickly learn of the unique and highly transitory nature of the clients. Because clients “age out” by either passing away or moving away, the nature of the beast is that the highest revenue clients are often the highest turnover risk. This high client turnover and turnover risk is a considerable “spook factor” that must be overcome if retiring owners are to achieve a just payday for their years of investment in blood, sweat and tears.

When buyers acquire a service firm, one of the most valuable, intangible assets they’re acquiring is current customers. Not so with a home care firm. The fact is from the time buyers begin their evaluation to the time they close the sale, at least a third of the clients will be former clients. If not clients, what are buyers actually acquiring? Often at
the top of that list are the people and the processes involved in driving new client inquiries and converting those inquiries to client starts.

Sophisticated buyers scrutinize the four legs of a home care firm’s client acquisition platform. The first is the referral provider network consisting primarily of those within the medical and senior communities that care for or about seniors. The second is “word of mouth” advertising consisting primarily of the loved ones of former clients that had a great experience with a particular home care firm. The third is Internet inquiries enabled in large part by Search Engine Optimization efforts. The fourth is all other advertising consisting mainly of traditional mediums like broadcast and print. As a rule of thumb, the more the current owner is involved in mission critical client acquisition activities, the less valuable and transferable the cash flow stream will be perceived by the buyer.

In a referral intensive business like home care, what makes a particular firm the provider of choice among the referral provider network? The main reasons are R&R- Reputation for reliability and Relationships. That’s why we often see the established, larger firms ($3M+) get bigger while the early stage and start-up firms flounder.

A top notch reputation is hard earned and can slip away in a change of ownership situation. With high client turnover, consistently getting the right caregiver to the right residence with the right care plan at the right time around the clock is quite complex. It requires experienced office staff and finely tuned processes and procedures.

Again, the more the current owner is involved in these mission critical activities, the less valuable and transferable the cash flow stream will be perceived by the buyer. Think of it this way. The current office staff is an “included” asset the buyer is acquiring to the extent she can retain them. The current owner is an “excluded” asset. The less valuable the excluded asset, the better.

Given the revolving door of clients, it is imperative that home care owners preparing for a sale have at least three years of accurate Key Performance Indicator data on the source of client inquiries and the corresponding conversion rates as well as the reason for discontinuance of service. Information provides potential new owners comfort. This valuable data helps to keep their “spook factors” to a minimum, thus reducing their “runaway bride” prospects.

When home care owners look back on their careers, their return on investment will in large part be a function of the capital gain achieved when the business was sold. To optimize their exit payday, home care owners are wise to build transferable teams and processes while clearly illustrating the multiple sources of new clients. ■

ABOUT THE AUTHOR

Since 2004, Scott Osborne and his team have initiated and facilitated more than 70 acquisitions of home care firms totaling more than $100 million in value. Osborne HomeCare Group has a 90%+ acquisition rate of firms it brings to market.

Scott founded the firm in 2001 after a 14-year management career with PepsiCo’s North American beverage division during which he learned the mergers & acquisitions business and invested in several small businesses. Originally, Scott’s firm specialized in acquisition searches for owner-operators and private equity groups but evolved into specializing exclusively in the home care industry.

Scott’s national practice consists primarily of taking to market in-home senior care firms and secondarily of acquisition search and valuation work. He has been a frequent speaker at home care association events, national webinars, industry workshops and franchise conventions on the topic of how home care owners can optimize their exit payday.

Scott holds an undergraduate degree in Public Relations from the University of Central Missouri and an MBA from Case Western Reserve University in Cleveland, Ohio. He grew up in an Air Force family living in North Carolina, Kansas, Alabama, Nebraska, and Missouri. Today he resides in St. Louis, Missouri with his wife, Angie, and three children.
SALES & MARKETING

- Introducing Sales & Marketing
- Consumer Marketing Sources
- Referral Sources
- Referral Source Marketing Methods
- Referral Sales Reps
- Why Consumers Choose a Home Care Provider
- What Sets Providers Apart
- Threats & Growth Opportunities
- Median Sales Close Ratios & Numbers
- Inquiry Tracking Comparison
- Median Client Growth Rates
- Median Client Acquisition Costs
- Featured Article: “To Network, or Not to Network? That is the Question” By Steve “The Hurricane”
- Featured Article: “Quality Is King in Home Care Marketing” By Merrily Orsini
- Featured Article: “Engaging Your Home Care Team in Sales and Marketing” By Stephen Tweed & Jill Scott
4.1 Number One Consumer & Referral Marketing Sources

This displays the median revenue and client acquisition cost of the number one consumer source (Internet – SEO) and the number one referral source (Clients – Past and Current) compared to the industry figures. The median revenue column for each source represents those who listed each as one of their top 3 revenue generators.

<table>
<thead>
<tr>
<th>Source</th>
<th>Median Revenue</th>
<th>Median Client Acquisition Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer: Internet - Search Engine Optimization (consumers can find you online)</td>
<td>$1,981,989</td>
<td>$660</td>
</tr>
<tr>
<td>Referral: Clients - Past and current clients and their loved ones</td>
<td>$1,744,522</td>
<td>$522</td>
</tr>
<tr>
<td>Industry - 2014</td>
<td>$1,543,659</td>
<td>$555</td>
</tr>
</tbody>
</table>

**Consumer Marketing** includes marketing activities focused on reaching directly to the consumer, such as paid advertising, direct mail, social media sites such as Facebook and Twitter, consumer Web/Internet marketing, consumer lead generation websites, etc.

**Referral Sources** include marketing activities focused on networking and building relationships in your community with healthcare providers, senior care professionals, current and past clients/family members, etc.

**Client Acquisition** benchmark displays the cost of acquiring new clients. To calculate your client acquisition costs, add up your total sales and marketing expenses (including salaries and commissions associated with sales and marketing). Then, divide this total dollar amount by the number of new clients (admissions) you brought on service in the same year.
### 4.2 Top 10 Consumer Marketing Sources & Percent of Annual Revenue Each Generated for 2014 - Overall

Survey participants were asked, “Please select your top three revenue-generating consumer marketing sources in 2014. Then select the percentage of 2014 annual revenue each top method was responsible for.”

<table>
<thead>
<tr>
<th>Percent of Participants Top Source</th>
<th>Median Percent of 2014 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet - Search Engine Optimization (consumers can find you online)</td>
<td>14.9%</td>
</tr>
<tr>
<td>Internet - Corporate Web Leads (i.e. Franchisors Website, etc.)</td>
<td>8.0%</td>
</tr>
<tr>
<td>Other Marketing Sources - *See next page</td>
<td>8.0%</td>
</tr>
<tr>
<td>Consumer Events - Exhibiting at health fairs</td>
<td>5.1%</td>
</tr>
<tr>
<td>Ads - Senior Directories</td>
<td>4.9%</td>
</tr>
<tr>
<td>Internet Lead Sites - A Place for Mom</td>
<td>4.9%</td>
</tr>
<tr>
<td>Ads - Newspaper</td>
<td>4.7%</td>
</tr>
<tr>
<td>Internet - Google Ad Words/Pay Per Click</td>
<td>4.5%</td>
</tr>
<tr>
<td>Internet - Other</td>
<td>4.5%</td>
</tr>
<tr>
<td>Consumer Events - Other</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

### 4.3 Top 10 Consumer Marketing Sources & Percent of Annual Revenue Each Generated for 2014 - Leaders

<table>
<thead>
<tr>
<th>Percent of Participants Top Source</th>
<th>Median Percent of 2014 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet - Search Engine Optimization (consumers can find you online)</td>
<td>16.0%</td>
</tr>
<tr>
<td>Internet - Corporate Web Leads (i.e. Franchisors Website, etc.)</td>
<td>9.3%</td>
</tr>
<tr>
<td>Other Marketing Sources - *See next page</td>
<td>7.0%</td>
</tr>
<tr>
<td>Consumer Events - Exhibiting at health fairs</td>
<td>6.2%</td>
</tr>
<tr>
<td>Internet - Google Ad Words/Pay Per Click</td>
<td>5.8%</td>
</tr>
<tr>
<td>Ads - Senior Directories</td>
<td>5.1%</td>
</tr>
<tr>
<td>Internet - Other</td>
<td>5.1%</td>
</tr>
<tr>
<td>Ads - Television</td>
<td>4.7%</td>
</tr>
<tr>
<td>Internet Lead Sites - A Place for Mom</td>
<td>4.3%</td>
</tr>
<tr>
<td>Ads - Yellow Pages PRINT</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
Consumer Marketing Sources

4.4 List of Consumer Marketing Source Options for 2014

**Ads**
- Brochures
- Church Bulletin
- Community Newsletter
- Decal Wrapped Car
- Door Hangers
- Local Magazines
- Newspaper
- Outdoor (Billboards, benches, etc)
- Radio
- Senior Directories
- Signage on or near your building
- Television
- Yellow Pages ONLINE
- Yellow Pages PRINT

**Internet**
- Angie’s List
- Blogging
- Company Website
- Corporate Web Leads (i.e. Franchisors Website, etc.)
- Email campaigns to consumers
- Facebook
- Google Ad Words/Pay Per Click
- Google+
- LinkedIn
- Other
- Paid banner ads on other websites
- Search Engine Optimization (consumers can find you online)
- Twitter
- Yelp.com
- Yodle
- YouTube

**Consumer Events**
- Alzheimer’s Walk sponsorship
- Assisted Living Events, Parties etc.
- Exhibiting at health fairs
- Other
- Participating in support groups
- Public Speaking at churches, senior centers, etc.
- Senior Center Visits

**Direct Mail**
- Letter/Flyer mailings to consumers
- Post card mailings to consumers

**Internet Lead Sites**
- A Place for Mom
- Bestofhomecare.com
- Care Scout
- Care.com
- CareInHomes.com
- Caring.com
- Caringforasenior.com
- Elder Care Link
- Eldercare.com

**Marketing to Health Care Organizations**
- Service Magic/ Home Advisor
- Trusted Hands Network

**Marketing to Past and Current Clients**

**Owners Reputation**

**Public Relations (PR)**
- Appearances on local or national radio
- Appearances on local or national TV
- Community Liaison
- E-Newsletter
- Home Advisor
- Media Reporter Interviewers
- Press releases to local media
- Written Articles

**Word of Mouth**
## Referral Sources

### 4.5 Top 10 Referral Sources & Percent of Annual Revenue Each Generated for 2014 - Overall

The following was asked of survey participants: “Please input your top three revenue-generating referral sources in 2014. Then select the percentage of 2014 annual revenue each top method was responsible for.”

<table>
<thead>
<tr>
<th>Top Source</th>
<th>Percent of Participants</th>
<th>Median Percent of 2014 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients - Past and current clients and their loved ones</td>
<td>19.5%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Healthcare Professionals - Home Health Agencies (Medicare Certified)</td>
<td>9.8%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Healthcare Professionals - Hospital discharge planners</td>
<td>7.0%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Other Referral Sources - *See next page</td>
<td>6.6%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Healthcare Professionals - Hospices</td>
<td>6.3%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Healthcare Professionals - Assisted Living Facilities</td>
<td>5.6%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Healthcare Professionals - Skilled nursing facilities</td>
<td>4.7%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Trusted Advisors - Geriatric Care Managers</td>
<td>3.7%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Government - Area Agency on Aging Case Managers</td>
<td>3.4%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Government - Veterans Administration Programs</td>
<td>3.4%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

### 4.6 Top 10 Referral Sources & Percent of Annual Revenue Each Generated for 2014 - Leaders

The following was asked of survey participants: “Please input your top three revenue-generating referral sources in 2014. Then select the percentage of 2014 annual revenue each top method was responsible for.”

<table>
<thead>
<tr>
<th>Top Source</th>
<th>Percent of Participants</th>
<th>Median Percent of 2014 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients - Past and current clients and their loved ones</td>
<td>19.3%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Healthcare Professionals - Home Health Agencies (Medicare Certified)</td>
<td>11.4%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Healthcare Professionals - Hospital discharge planners</td>
<td>8.6%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Other Referral Sources - *See next page</td>
<td>6.6%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Healthcare Professionals - Hospices</td>
<td>6.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Healthcare Professionals - Skilled nursing facilities</td>
<td>4.8%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Healthcare Professionals - Rehabilitation hospitals (inpatient)</td>
<td>4.8%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Healthcare Professionals - Assisted Living Facilities</td>
<td>4.1%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Trusted Advisors - Geriatric Care Managers</td>
<td>4.1%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Government - Area Agency on Aging Case Managers</td>
<td>3.8%</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
4.7 List of Referral Source Options for 2014

Aging Service Access Points

Clients
- Past and current clients and their loved ones

Contacts of Owner

Elder Care Placement Agency

Employees
- Past and Current

Government
- Area Agency on Aging Case Managers
- State Medicaid Waiver Programs
- Veterans Administration Programs

Healthcare Professionals
- Assisted Living Facilities
- Continuing Care Retirement Communities (CCRC)
- Home Health Agencies (Medicare Certified)
- Hospices
- Hospital administrators/executives
- Hospital discharge planners
- House call Physicians
- Independent living facilities
- Physician offices
- Rehabilitation centers (outpatient)
- Rehabilitation hospitals (inpatient)
- Skilled nursing facilities
- Social service agencies
- Workers compensation providers/case managers

National Accounts

Networking
- Business networking groups (i.e. BNI)
- Chamber of Commerce
- Churches
- Connecting with professionals on LinkedIn or other social media
- Family & Friends
- Non-Profits
- Other State Healthcare related associations
- Service Clubs (Rotary, Kiwanis)
- Serving on Board of Directors of various community organizations
- State Home Care Association
- Trade shows (Meeting the other vendors)

Other Private Pay Agencies

Relationship with Local Support Groups (AD and Parkinson’s)

Service Coordination Agencies

Trusted Advisors
- Bank Trust Officers
- Certified Senior Advisors or CSA’s
- Clergy
- Elder Law or Estate Attorneys
- Fiduciaries
- Financial Planners or CPAs
- Funeral Directors
- Geriatric Care Managers
- Guardians/Conservators
- Long Term Care Agents

Word of Mouth

Referral Sources
### Top 10 Referral Source Marketing Methods for 2013 - Overall

1. **Visiting referral sources at their location / asking for their business** - 73.7%
2. **Placing literature racks in offices of referral sources** - 36.3%
3. **Listings in Senior Directory publications utilized by referral sources** - 29.9%
4. **Exhibiting at trade shows in order to network with referral sources** - 29.4%
5. **Speaking at educational events for referral sources** - 20.8%
6. **E-mail newsletters to referral sources** - 17.7%
7. **Paid sponsorship of special events attended by referral sources** - 17.5%
8. **Personal e-mail to referral sources** - 16.6%
9. **Other Marketing Methods** - 10.5%
10. **Paid advertising in professional publications** - 9.7%

Survey participants were asked, "Please select top three revenue-generating marketing methods used to attract referral sources to your business."

Information from this page is taken from the 2014 Private Duty Benchmarking Study.
4.9 Referral Sales Rep

Survey participants were asked, “In 2014 did you employ a sales rep dedicated specifically to networking with referral sources?” Follow-up questions were asked if the sales rep worked full-time or part-time and how satisfied they were with sales rep’s ability to generate new business.

4.10 Referral Sales Rep - Full-Time or Part-Time

4.11 Referral Sales Rep Satisfaction

Leaders represent those providers who billed $2.4M+ in annual revenue in 2014.
4.12 Why Referral Sales Reps Were Successful in 2014

Survey participants who rated their satisfaction with their sales rep as a 9 or 10 were asked, “What do you feel are the two top reasons your sales reps were able to successfully generate new business for you in 2014?”

### Specifics About Sales Rep Success*
- Ability to ask for the referral and to state why we are the best option
- Build relationships in the community
- Directly meeting with families
- Good marketing plan to follow
- Longevity with company
- Maintains regular contact with referral sources
- Professional character and drive
- Passionate about their work
- Being very responsive in resolving problems whenever referral sources call
- Knowledge of the market contacts
- Sales Rep experience in and understanding of private duty home care

*These are a few of the many positive things said about sales reps focused on referral sources.

4.13 Referral Sales Rep - Median Revenue for 2014

This represents the median revenue of those providers who have a sales rep vs. those providers who do not have a sales rep.
Why Consumers Choose a Home Care Provider

4.14 Top 5 Reasons Why Consumers Choose a Home Care Provider - Historical

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended by Family &amp; Friends</td>
<td>28.4%</td>
<td>31.6%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Reputation of Company</td>
<td>26.6%</td>
<td>35.0%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Recommended by Referral Source</td>
<td>15.3%</td>
<td>18.4%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Consumer Marketing of Company</td>
<td>14.9%</td>
<td>14.6%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Selected by Case Manager (Government Programs, Hospital, etc.)</td>
<td>8.4%</td>
<td>6.3%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

Each month Home Care Pulse conducts thousands of interviews with home care business clients and/or their responsible parties. The following is one of the questions clients are asked during interviews: “Why did you select this provider over others?” The top five reasons most frequently listed are shown in the corresponding graph.

Please notice that all five categories are tied directly to the perception of others. An essential part of a home care business is its reputation, recommendation from others, and the company’s marketing activities. For those whose home care provider was selected by a case manager, in most instances the case manager is a referral source who has developed a working relationship over time with home care providers that offer outstanding services.

Improving the reputation of your home care business based upon the quality of service you provide is perhaps one of the greatest investments you can make in your business. If you are not one of the nearly 800 home care businesses enrolled in Home Care Pulse’s Satisfaction Management Program, we invite you to take action and enroll in this powerful and rewarding program. To learn more, visit www.homecarepulse.com or call (877) 307-8573.
What Sets Providers Apart

4.15 Top 5 Things That Set a Provider Apart - Historical

Survey participants were asked, “When speaking with potential clients, referral sources, and your community, what are the top three things you tell them that set your business apart from your competition?” The top 5 list was created based on these responses.
4.16 Top 5 Threats Facing Home Care Providers - Historical

Survey participants were asked, "What do you see as the top three threats to the future growth of your business in 2014?"

- Caregiver shortages: 48.9%
- Increasing competition: 30.4%
- Companionship exemption ruling* (overtime Pay Enforcement): 28.8%
- Employer Mandate (as found in the Affordable Care Act): 27.4%
- Privately Hired Caregivers: 26.7%


4.17 Top 5 Growth Opportunities - Historical

Survey participants were asked, "What do you see as your #1 growth opportunity in 2014?"

- Strengthen Relationships with Referral Sources: 49.3%
- Company Expansion into a New Market(s): 16.2%
- Increasing Client Referrals by Improving Client Satisfaction: 12.5%
- Offering of other service lines: 8.4%
- Medicaid Waiver Program: 4.2%

- 2013: 49.7%
- 2014: 14.4%
- Privately Hired Caregivers: 6.0%
- Medicaid Waiver Program: 3.8%
Understanding Annual Median Sales Close Ratios & Numbers

**Inquiries** – Individuals who called in for services and provided some kind of contact information, such as a phone number, address and/or e-mail.

**Assessment** – A formal meeting to discuss the needs of the potential client, and the business’s capabilities in meeting those needs.

**Admissions** – New clients who started services.

**Inquiry to Assessment Close Ratio** — The percentage of prospective inquiry calls that turn into a performed assessment. (This number is found by dividing the number of performed assessments by the number of inquiries.

**Assessment to Admission Close Ratio** — The percentage of performed assessments that became actual clients. (This number is found by dividing the number of admissions by the number of performed assessments.)

**Inquiry to Admission Close Ratio** — This represents the percentage of service inquiries that became actual clients. (This number is found by dividing the number of admissions by the number of inquiries.)

### 4.18 Median Sales Close Numbers For 2014 - Home Care Pulse® Quality Satisfaction Management Users vs. Non-Users

<table>
<thead>
<tr>
<th></th>
<th>Use Home Care Pulse Satisfaction Management</th>
<th>Do Not Use Home Care Pulse Satisfaction Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Number of Inquiries</td>
<td>236</td>
<td>209</td>
</tr>
<tr>
<td>Annual Number of Assessments</td>
<td>112</td>
<td>90</td>
</tr>
<tr>
<td>Annual Number of Admissions</td>
<td>90</td>
<td>83</td>
</tr>
</tbody>
</table>

Home Care Pulse users had 12.9% more inquiry calls in 2014 than the rest of the industry. To learn more about this program, visit homecarepulse.com or call us at (877) 307-8573.

Along with being the authors of the annual Private Duty Benchmarking Study, Home Care Pulse also provides third-party quality satisfaction management services specifically designed for the home care industry.

To learn more about how the Home Care Pulse Quality Satisfaction Management Program can help your business grow, visit us at www.homecarepulse.com or contact us at (877) 307-8573.
4.19 Median Sales Close Ratios - Overall

- Inquiry to Assessment Ratio
- Assessment to Admission Ratio
- Inquiry to Admission Ratio

4.20 Median Sales Close Numbers - Overall

- Annual Number of Inquiries
- Annual Number of Assessments
- Annual Number of Admissions
4.21 Median Sales Close Ratios for 2014 - Revenue Ranges

4.22 Median Sales Close Numbers for 2014 - Revenue Ranges
Inquiry Tracking Comparison

4.23 Inquiry Tracking Comparison - Median Revenue for 2014

This graph shows the median revenue for those providers who track every inquiry about services vs. those providers who do not track every inquiry about services.

- **Track Every Inquiry**
- **Do Not Track Every Inquiry**

4.24 Inquiry to Admission Ratio Comparison - Median Revenue for 2014

Displayed is the median revenue of those providers whose inquiry to admission ratio is 45% or greater, compared to those whose inquiry to admission ratio is less than 45%.

- **45%+ Ratio**
- **Less than 45% Ratio**
Client Growth Rates are median growth rates from December 31, 2013, to December 31, 2014. It is important to understand that the smaller the agency, the easier it is to increase the percentage of client growth. For example, if an agency has 20 clients and grows to 30 in a year, they have achieved a 50% client growth rate. However, if an agency has 200 clients and grew to 210 clients (adding the same number of clients as the smaller agency) their growth rate is just 5.0%. The median size of an agency has grown over the years, making the client growth rate harder to keep at the same rate as the past.

4.25 Median Client Growth Rates Overall- Historical
4.26 Median Client Growth Rates - Revenue Ranges

*See previous page for definition.
Median Client Acquisition Costs displays the cost of acquiring new clients in 2014. To calculate your client acquisition costs, add up your total sales and marketing expenses (including salaries and commissions associated with sales and marketing). Then, divide this total dollar amount by the number of new clients (admissions) you brought on service in the same year. When considering different sales and marketing strategies, it is important to consider the impact that will take place on your average acquisition costs compared to this benchmark.

4.27 Median Client Acquisition Costs Overall - Historical
Median Client Acquisition Costs

4.28 Median Client Acquisition Costs for 2014 - Percentile Ranking

*See previous page for definition.

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

4.29 Median Client Acquisition Costs for 2014 - Revenue Ranges
To Network, or Not to Network? That is the Question

Written by Steve “The Hurricane”

It’s Wednesday morning and you awake to start your day. You look at your calendar and e-mail only to see there is a networking event at 9 a.m. that you should attend, but your inbox shows you have more than 100 e-mails. You think to yourself for a moment and say “I’ll skip this one. I don’t get anything from networking meetings anyway.” Wrong attitude!!!

As an industry sales and marketing expert, if I had a dollar for every time over the last 10 years I’ve heard that, I’d be filthy rich. The truth is, deciding NOT to network, can be the most costly mistake you’ll ever make. I’ll go ahead and just put this to rest. YES, you do NOT get business from networking events. You DO get business from your activity between meetings with the connections you establish at each one. This is where countless individuals go wrong. They show up at the meetings. They bring their brochures and engage in conversation with their “friends.” They learn something (maybe), then get in their car and drive off to their office or to another marketing event. This is what the average attendee of a networking meeting does, and if this is you, you will get nothing from attending (except perhaps a free meal).

To make the most of networking events, and work towards getting those precious referrals, here’s what you need to do:

• Go into the meeting with a plan – Have a list of targeted accounts that you’re trying to nab ahead of time. Chances are that a marketing representative, or someone from one of the places you’re seeking to work with, will be present. When everyone introduces themselves, viola! You’ll find that two to three contacts from your targeted list just happen to be in the room with you. Make it your priority to introduce yourself to those individuals before you leave the meeting.

• Meet and speak with at least five different attendees – This is what networking events are for, right? Making connections. What you DON’T want to do is attend the event, see the two people you know, like, and trust already, sit down and talk to them for an hour. That doesn’t accomplish anything. You already know one another. Instead, develop a mental clock and calculate a five to seven-minute time lapse for yourself. Don’t ignore your
friends, see them and say hello, then politely excuse yourself to go meet someone else. Do this with each contact you talk to. So in an hour’s time, you’ll have spoken to at least five people (and enjoyed coffee time. Gotta get that cup o’ Joe in).

- Book a Meeting From a Meeting - (B.M.F.M). This is the 21st century. Everyone carries their calendars on their cell phone and/or a daily planner. When you have reached that five to seven minute mark with someone you’d like to continue speaking with at a later time, simply say, “You know, I really like what you have to say, and I’d like to continue speaking with you. However, there are several other people here I need to meet. Tell you what…” (Pull out your smart phone here) “What are you doing Friday morning around 8:30 a.m.? Could I treat you for a cup of coffee at Starbucks and we can continue this conversation then?” They’ll likely check their phone/calendar and confirm or give you a different time. You have to take the initiative to set this up, and they will follow (assuming you know your stuff and you’re not wasting their time, but that’s a whole different topic). Worst case scenario, they don’t have their calendar/planner, and this is why you pay $40 a month for that data plan. Send them an e-mail with a tentative time for this follow-up meeting. Now, instead of having to call someone to schedule an appointment, you did your follow-up AT the meeting, saving you time later. If they can’t make the meeting, it’s up to that person to cancel and reschedule with you, so the follow-up ball is in his/her court. I do this during field trainings across the country every week! Trust me, B.M.F.M and you’ll be on your way.

- Avoid “Time Wasters” – in every meeting, there’s a chance you’ll get trapped speaking to one or two individuals in the corner, and you can’t get away from them. This is, again, where your mental clock comes in. Give the time waster SOME of your time, but as the time lapses, simply excuse yourself from the conversation. They’ll understand and should want to meet someone else too. It’s not rude when you’re at a meeting with many people to say, “I want to talk to some other people I haven’t met yet, we can talk more next time ok?”

- This is a “What Can You Do for Me Industry” – At this one-on-one meeting, keep the conversation on them as much as possible. Let them tell you what they are looking for, learn about their company, find out what they specialize in and determine who their target customer is. After doing this for the first 20 minutes or so, spend 10 to 15 minutes discussing your company and everything involved from your perspective. Next, determine how you can work together to achieve mutual business growth. This is where I feel most people go wrong. We are too much about ourselves. When you realize that two companies can come together and create more opportunities for one another, you will be far more successful at generating referrals. This is the very heart of what I call “Power Partners” and creating a successful, equally beneficial relationship.
If you do these things at your networking and community events, you’re going to get somewhere. I built every business I’ve ever been a part of (in and out of healthcare) off the strength of Power Partnerships, and those everlasting, important relationships are created at networking events!

So what do we do now? Start going to events, but do your best to attend industry-specific ones. I find that BNI, Chamber, and other similar events are fruitful, but not nearly as fruitful as “Dine and Dashes,” CEU events, Healthcare networking meetings and so on. The more you get involved with marketing tactics and speak with folks seeking similar clients, the stronger your network will be, and the more your phone will ring. Get out there, make connections, Book a Meeting From a Meeting and start creating Power Partnerships.

If you need help with this, visit my website www.stevethehurricane.com, where I have hundreds of free videos on all things sales and marketing for your home care business. Best of luck to you, and happy hunting!

ABOUT THE AUTHOR

Steve “The Hurricane” is the president and founder of Hurricane Marketing Enterprises. He is a Motivational Speaker, Business Seminar Leader, and Consultant/Coach to clients across the country. His programs and presentations have inspired thousands of individuals who have listened to his message and applied his principles. Steve is passionate about his work because he truly desires to help his clients become all they can be. HME’s mission is to train homecare business owners and marketing reps in the proper techniques to get more referrals, close more sales, and ultimately to grow their businesses. We offer a variety of products and services to fit various needs and budgets. Our services include training videos, memberships to our exclusive content, online training courses, and consulting services with our highly trained staff of coaches. With the Hurricane team on your side you won’t just beat the competition; you will “Blow Them Away!”
Quality Is King in Home Care Marketing

Written by Merrily Orsini

Almost everyone has heard the saying, “Don’t judge a book by its cover.” It’s sound advice in many situations, but when shopping for home care services, judgments serve a vital purpose. Consumers and referral sources are surrounded by choices, and making judgments helps them sort through the options – and quality is king in home care marketing.

When searching for in-home care, consumers and referral sources make snap judgments about your business based on its face value. Being in tune with what your potential clients want to see, and what your brand identity says about you, can help hone your quality proposition so that you capture attention, interest, and trust from the very first impression – and you have only seconds to do so.

Perhaps a daughter Googles “senior care” and your website comes up, along with ten others, in the search results. Why would she choose to click on yours? If she does, why would she stay on your site? When a consumer chooses your marketing materials instead of the ten others in a referral source’s office, why does that happen? One word: Quality.

SHOW QUALITY WITH A ROBUST BRAND IDENTITY

Consumers and referral sources judge quality by looking at your brand – the collection of visuals, words, and associations weaved together to represent your agency’s mission, vision, personality, and differentiation from other businesses. This is your brand identity, who you are as an agency, and it speaks volumes to those seeking services about the quality of your business.

Your brand identity typically lives in your marketing materials, such as your website, brochures, flyers, e-mail campaigns, etc., and consists of items like your logo, tagline, photos, key messages, and value statements about what you do best. These items are your agency’s book cover. Do they show quality and make the consumer want to read more?

According to recent data, about 94 percent of people cite design as a reason they do not trust certain websites. Expertly written and designed materials and digital communications grab a potential client’s attention, but they
also showcase the professionalism and superior quality of your agency. Poorly designed and written communications can show just the opposite or leave huge blanks for the consumer to fill in with assumptions about the quality of your business.

Your brand is also your biggest opportunity to make a connection with potential customers and referral sources whom you haven’t yet met in person to show expertise, warmth, compassion, understanding, advocacy, and acknowledgement. Your brand tells the story of who you are versus what you do, and in a market full of agencies who do the same thing, it is your number one opportunity to stand out.

KNOW AND UNDERSTAND YOUR AUDIENCE

To whom you tell your story is important. A large percentage of the audience for home care agencies is Boomer Women - born between 1946 and 1964. According to a recent report by LeadingAge, this is the most educated group in history to be helping older loved ones shop for long-term care. They are also one of the fastest growing groups of technology users, searching for services on smart phones and tablets, and using social media as the new word of mouth. They are the center of their families’ support systems, often sandwiched in between helping adult children and caring for aging parents. And for all the reasons stated above, their attention spans are short. Your communications with them need to get to the point quickly to show and tell them that yours is a high quality agency with a story that sets your business apart from the pack.

Professional referral sources run the gamut from traditional clinical services in the health care delivery system to a wide range of professionals who provide services and serve as advisors for those who may be aging and starting to need care. Referral sources are looking for agencies that will make them look good when a referral is made, since that referral is an extension of their advice to their client or patient. And, if your agency looks, talks, and acts like a quality agency, you have a better chance of winning the referral in the first place. These are also very busy people who need to see quality at first glance.

CONTENT RULES

According to a study by the Pew Research Center, 72 percent of Internet users say they looked online for health information in the past year. How does this apply to home care marketing? To be a successful marketer, you must know what type of content consumers and referral sources are looking for as they travel the path toward purchasing or referring home care services.

The place consumers typically start when they begin noticing changes with an older loved one is to look for educational health information about that loved one’s condition. Creating educational content allows you to capture a consumer’s interest when he or she first becomes aware of a potential need. Being there during this early awareness stage, they are likely to return for additional information and when they are ready to buy caregiving services. Similarly, providing educational content to referral sources positions you as an expert and helps these professionals meet their clients’ needs.

The best content marketing is buyer-focused, meets consumer and referral source needs, drives the consumer to do more, is spread across a variety of channels (website, printed materials, etc.) and is fresh information versus a rehashing of old news. Potential clients and referral sources want to feel safe and secure while researching home care agencies, they want to know they can trust you, and one key way to gain trust is through quality, personable content that adds value for the searcher.
RECOMMENDATIONS REIGN

Often, people buy books because other well-respected authors make recommendations of the book on the cover. Your agency can put the same seals of approval on your website, giving consumers an easy way to judge your quality by the “grades” that you have been given, including:

- **Testimonials:** Reading or hearing positive stories about your agency’s services are powerful methods to showcase quality that others have experienced.
- **Customer satisfaction surveys:** Today’s savvy consumers look not only for testimonials, but also for measurable and reportable results. Referral sources will also be looking for data that proves you provide a quality service.
- **Accreditations and certifications:** Pursuing accreditations and special certifications shows customers you are willing to put your agency to the quality test, and that you specialize in certain types of service provision.
- **Benchmarking against other home care providers:** Perhaps one of the most effective ways to show quality is to measure your business against others to see where you stand, and how you can improve. Doing so shows consumers your commitment to a quality operation.

In today’s crowded home care market, striving for quality is a must, both in the services you provide and the image you portray. Professional writing and design, understanding your audience, creating educational content, and showcasing your agency’s “grades” through recommendations and quality measures make impressions that lead to conversions.

ABOUT THE AUTHOR

Merrily Orsini’s business ownership began with a highly successful geriatric care-managed home care agency, a venture that garnered her a prestigious Ernst & Young Entrepreneur of the Year Award. After selling that business, she founded **corecubed**. Orsini is a sought after national speaker and thought leader in the aging care services field. She is the past Chair of the Private Duty Home Care Association, and has served on the board of the National Association for Home Care and Hospice. To learn more, visit www.merrilyorsini.com.

Sources:
http://www.pewinternet.org/fact-sheets/health-fact-sheet/
http://www.leadingage.org/Five_star_Home_Health.aspx
http://www.instantshift.com/2013/09/02/importance-of-effective-website-design-infographic/

**corecubed** is a full-service marketing firm that specializes in helping home care agencies grow with innovative, industry-specific, integrated marketing strategies and solutions. Our award-winning **MOST** marketing membership program and our **Market Home Care** ecommerce website offer vital resources and ready-made tools for agencies that want to enhance operations and capture market share. Merrily Orsini and her creative team of aging care marketing experts have more than three decades of home care, home health, and aging care operations and marketing experience.
Engaging Your Home Care Team In Sales and Marketing

Written by Stephen Tweed and Jill Scott

What a delight it is to again be a part of this industry leading benchmarking study. This is the sixth year of the study, and we now have enough comparable data to really see patterns emerging that help us more clearly define the best ways to grow your home care business.

As you read through the details of this annual benchmarking report, we would like to encourage you to engage all of the members of your home care team in generating more clients. Each member of your team has an important role in improving your sales and marketing process.

TRACK EVERYTHING

Many years ago we learned from our professional speaking friend and colleague Dan Burris, CSP, CPAE, about the use of data and information to make strategic decisions in business. Dan helped us clarify the four levels that make up your “data stream”:

1. Data – This is the raw bits and bytes that your computer captures when you are tracking your home care business. Raw data by itself is practically useless.
2. Information – This is tabulated data. When we capture the raw data in this benchmarking study, and we tabulate that data in an organized fashion, we get information. Information is helpful in developing a better understanding of your business and your industry.
3. Knowledge – When you take the data and information and you analyze it and synthesize it, you get knowledge. Knowledge is what helps you make better decisions in marketing, staffing, operations, and financial management of your home care business.
4. Wisdom – Wisdom comes when you mix knowledge with grey hair. Wisdom is knowledge plus experience.

In order to have the raw data to analyze your results, you need to track everything. That means the person who answers the phone needs to track every incoming phone call. You want to know the number of inquiries, the number of in-home assessments, and the number of new client admissions. When you track all of these incoming calls, and you find out where the caller heard about your company, you can then analyze the effectiveness of your outbound sales and marketing efforts.
WHO ARE YOUR CUSTOMERS?

Consider the five sources of new clients for home care:

1. **Consumers** - clients and their families
2. **Health Care Providers** - hospitals, doctors, nursing homes, home health, hospice, home medical equipment, home infusion, rehab centers, and senior living communities
3. **Professional Advisors** - bank trust officers, estate attorneys, elder law attorneys, geriatric care managers, social workers, financial advisors, and clergy – anyone a family would go to for professional or personal advice
4. **Clients** – family and friends
5. **Employees** – your caregivers and office staff will tell others about your company

Which of these sources of new clients have the greatest potential in terms of the number of clients and the average revenue per client? When you track the performance of your company, you get raw data, which you can tabulate into information and analyze into knowledge.

In one case study we developed for one of our largest home care companies, we used their data to look at all of the clients they served during the calendar year, the referral source, the length of stay, and the average revenue per month. From that data, we could determine the average value of a client by referral source.

Here’s what we found:

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Clients Served</th>
<th>$ Value per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Advisors</td>
<td>15.06%</td>
<td>$69,994</td>
</tr>
<tr>
<td>Consumer Marketing</td>
<td>11.30%</td>
<td>$39,869</td>
</tr>
<tr>
<td>Employees</td>
<td>13.80%</td>
<td>$32,299</td>
</tr>
<tr>
<td>Clients &amp; Family</td>
<td>16.44%</td>
<td>$15,130</td>
</tr>
<tr>
<td>Health Care Providers</td>
<td>41.08%</td>
<td>$11,171</td>
</tr>
</tbody>
</table>

Note: This is only one case study from one home care company. This is NOT industry data.

What we learned from analyzing the data is that while the company received large numbers of clients from health care providers, the clients they received from trusted advisors brought much higher revenue per client. You can develop this data for your own company. If we can help you, let us know.

Once you have a clear picture of which referral sources are bringing you the largest number of clients, and the highest dollar value per client, then you can focus on which marketing methods are best for reaching those referral sources.

**CONSUMER MARKETING VERSUS REFERRAL MARKETING**

That brings us to a key strategic question: consumer marketing or referral marketing? Beginning this year, we have drawn a line in the sand and said that every home care company needs to decide whether you will focus on marketing directly to consumers or marketing to referral sources. I believe that you can’t do both well.

“In 25 years of working with private duty home care companies, we have never seen anyone who can execute both consumer marketing and referral marketing with excellence at the same time.”

Stephen Tweed, CEO, Leading Home Care

There. We’ve said it again. Each time we make this statement in a seminar, a live web conference, or in an article, we get push back. Participants and readers are constantly making the argument that they are able to do both. The reality is that no one who argues this point with us is able to provide the data and information to prove that what they are trying to do is working.

Leading Home Care’s claim has been validated by our discussion with members of The $5 Million Mastermind Group. This is a group that we started through the Academy for Private Duty Home Care® and we had our first meeting this past February in Orlando. These are companies who have generated between $6.8 and $18 million in revenue in 2014. One of the things we confirmed is that these companies have a clear strategy to focus either on consumer marketing or referral marketing.

One of our members has just passed providing 12,000 hours per week of home care using primarily consumer marketing. Another
of our members provides 17,000 hours of care per week from four locations using relationship selling to referral sources. Here are two of the largest companies in the industry using opposite methods of marketing, yet both are highly successful. There is no one right way, but there is a wrong way – “Spray and Pray” marketing. When you attempt to try a lot of different marketing techniques at the same time, you dilute your effectiveness. When you are focused on one or the other, you will be more successful.

TOP TECHNIQUES FOR CONSUMER MARKETING AND REFERRAL MARKETING

Once you make the strategic decision to focus on consumer marketing, then it’s a matter of deciding which marketing methods you will use. Take a look at the data, and you will see what other companies who responded to the survey have said.

For those companies that choose to focus on referral marketing, it is pretty clear that making direct sales calls to high potential referral sources has the greatest return on your investment. As you can see in the data, the high potential referral sources that our participants identified for private pay are home health agencies, hospitals, hospices, skilled nursing facilities, and senior living communities.

TOP REFERRAL MARKETING TECHNIQUES

The survey asked participants to list their top source of new clients. Here’s the list in order.

1. Visiting referral sources and asking for the business (sales calls)
2. Placing literature racks in offices of referral sources
3. Listings in senior directory used by referral sources
4. Exhibiting at trade shows in order to network with referral sources
5. Speaking at educational events attended by referral sources
6. Email newsletters to referral sources
7. Paid sponsorships of special events attended by referral sources
8. Personal e-mail to referral sources
9. Paid advertising in professional publications

In analyzing the data, we see a clear pattern of developing a sales and marketing strategy that focuses on direct sales calls to referral sources and search engine optimization for your web site supplemented with three or four of the marketing techniques from this list.

A WORD ABOUT WEB SITE MARKETING

While Internet marketing is primarily focused on consumer marketing, our research shows that every home care company needs to have a highly effective website, and search engine optimization is critical to your success. According to the data from this year’s study, Internet-SEO was the top Consumer Marketing Source with 14.9% listing it as their #1. However, Internet – Corporate Leads was at 8.0% and those who listed that said it made up 19.9% of their revenue when Internet-SEO was 17.3% of revenue.

A WORD ABOUT SOCIAL MEDIA

We regularly get questions in our live workshops, our live web conferences, and in our LinkedIn Discussion Group about using Social Media to market your home care business. To get a more clear answer to the question, we conducted a mini-survey of the 9,700 readers of our electronic newsletter, Leading Home Care Report.

Here’s a quick recap of the results:

Which Social Media are you using to market your home care business?
• Facebook – 72%
• LinkedIn – 39%
• Blogging – 22%
• Twitter – 17%

Have you been able to track new clients to your business from social media?

• Facebook – Yes – 0%, No – 53%, Not Sure – 47%
• LinkedIn – Yes – 9%, No – 55%, Not Sure – 36%
• Blogging – Yes – 0%, No – 75%, Not Sure – 25%
• Twitter – Yes – 0%, No – 64%, Not Sure – 36%

While this was a small sample, the results are pretty conclusive. Other than a small positive response from LinkedIn, no one is able to track any client referrals from their social media activities.

THE MONDAY MORNING MARKETING MEETING

One of the ways to engage your team members is to hold a weekly meeting. In just 30 minutes each week you can review the numbers from the previous week, provide a short educational session, and develop action plans to grow your business.

To help you do that, we have created through The Academy for Private Duty Home Care® a monthly package of information to help you plan, organize, and conduct these weekly marketing meetings. The packet includes agendas for each of the four weekly meetings, two learning videos, worksheets and checklists, and tools to help you track your performance.

This service is available to all Premium members of The Academy. For this and other valuable resources on promoting your private duty home care business, we invite you to visit the web site for The Academy for Private Duty Home Care® at www.privatedutyacademy.org. There you will find the largest single library of online learning programs, printed learning materials, and educational resources available in the industry.

Thanks so much to Aaron Marcum and the team at Home Care Pulse for conducting this study and publishing this report, and for the support of the Home Care Association of America in endorsing this study. We are honored to be a part of the process. ■

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OPERATIONS

- Service Offerings
- Client Turnover Rates
- Client Average Lifetime Value
- Client Average Length of Service
- Sales per Full-Time Employee
- Staffing Summary
- Impact of Caregiver Shortages
- Scheduling Software & Educational Methods
- Affordable Care Act: Impact & Actions
- Removal of Companionship Exemption: Impact & Actions
- Featured Article: “Overtime and Travel: The One Two Punch” By Tom Voiles
- Featured Article: “Technology Trends” By Nicholas Stern
- Featured Article: “The Evolving Nature of Care” By Michael McAlpin
5.1 Overall Service Offerings - Historical

- **Hourly Care**
  - 2010: 99.0%
  - 2011: 99.8%
  - 2012: 100.0%
  - 2013: 97.6%

- **Live-In Care**
  - 2010: 63.0%
  - 2011: 66.0%
  - 2012: 65.6%
  - 2013: 53.3%

- **Geriatric Care Management**
  - 2010: 13.0%
  - 2011: 13.4%
  - 2012: 14.0%
  - 2013: 22.6%

- **Alert Monitoring System**
  - 2010: 28.0%
  - 2011: 33.8%
  - 2012: 30.5%
  - 2013: 11.2%

- **Private Duty Skilled Nursing**
  - 2010: 21.0%
  - 2011: 22.6%
  - 2012: 23.1%
  - 2013: 14.8%

- **Healthcare Staffing Services**
  - N/A
  - N/A

- **Other Services**
  - 2010: 28.0%
  - 2011: 22.8%
  - 2012: 9.1%
  - 2013: 15.8%

Information from this page is taken from the 2014 Private Duty Benchmarking Study.
5.2 Service Offerings for 2013 - Geographic Region

Information from this page is taken from the 2014 Private Duty Benchmarking Study.
5.3 Client Turnover Rate for 2014 - Percentile Ranking

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

Client Turnover – Providers had to be in business for one full calendar year to be included in the turnover calculations. Basic client turnover is calculated by taking the number of clients who stopped services in 2014 and dividing it by the average number of clients serviced in 2014.

5.4 Client Turnover Rate for 2014 - Years in Business
5.5 Client Turnover Rate for 2014 - Revenue Ranges

- $0 - 700K: 51.5%
- $800K - 1.599M: 54.8%
- $1.6M - 2.399M: 52.4%
- Leaders - $2.4M+: 54.0%

5.6 Client Turnover Rate for 2014 - Geographic Region

- Pacific: 57.3%
- Central: 63.4%
- Southern: 64.2%
- Great Lakes: 58.6%
- Northeast: 54.6%
Client Average Lifetime Value

5.7 Client Average Lifetime Value - Percentile Ranking

The client average lifetime value displays the revenue generated per client, from when they start services to when they stop services.

To calculate your client average lifetime value, divide your annual revenue by the number of clients you serviced in the same year. Then multiply this number by your annual client average length of service. (Note: if your client average length of service is in months, you will need to divide it by 12 to annualize your client average length of service.)

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

5.8 Client Average Lifetime Value for 2014 - Revenue Range

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
Client Average Length of Service

5.9 Client Average Length of Service - Percentile Ranking

To calculate client average length of service, add up the number of months all of your clients have been on service and divide that sum by the number of clients serviced.

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

5.10 Client Average Length of Service for 2014 by Revenue Ranges

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5.11 Client Average Length of Service (In Months) - Years in Business

*See previous page for definition.

This comparison shows the median revenue and caregiver turnover for a client’s average length of service that is 14+ months compared to less than 14 months average length of service.

5.12 Client Average Length of Service - Median Revenue & Caregiver Turnover
This benchmark emphasizes getting the most out of each employee. Leaders tend to have higher Sales per Full-Time Employee as they have learned to run more efficiently on less overhead. Though if too high, your business may be sacrificing quality to save money. This figure represents a benchmark to compare against. Sales per Full-Time Employee is calculated by dividing your annual revenue (or 12-month trailing revenue) by the number of office staff (excluding caregivers, but including active owners) you employ. (Part-time employees count as .5 or ½.)

### 5.13 Sales per Full-Time Employee in 2014 - Revenue Ranges

<table>
<thead>
<tr>
<th>Revenue Range</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 799K</td>
<td>$143,943</td>
<td>$215,754</td>
</tr>
<tr>
<td>$800 - 1.599M</td>
<td>$215,754</td>
<td>$267,626</td>
</tr>
<tr>
<td>$1.6M - 2.399M</td>
<td>$267,626</td>
<td>$324,553</td>
</tr>
<tr>
<td>Leaders - $2.4M+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5.14 Sales per Full-Time Employee - Geographic Region

- **Pacific**
  - 2013: $215,754
  - 2014: $283,333
- **Central**
  - 2013: $215,754
  - 2014: $218,923
- **Southern**
  - 2013: $215,754
  - 2014: $203,686
- **Great Lakes**
  - 2013: $215,754
  - 2014: $254,673
- **Northeast**
  - 2013: $215,754
  - 2014: $246,240
Survey participants were asked what percent of their annual revenue comes from Medicaid Waiver or a similar Medicaid supported program. This graph displays the sales per full-time employee for those providers who 50%+ of their revenue is from Medicaid compared to less than 50% of their revenue from Medicaid. See sales per full-time employee definition on previous page.
Staffing Summary

5.16 Staffing Summary for 2014 - Overall & Revenue Ranges

<table>
<thead>
<tr>
<th>2014 Staffing Summary - Overall &amp; Revenue Ranges</th>
<th>$0 - 799K</th>
<th>$800K-1.599M</th>
<th>$1.6M-2.399M</th>
<th>Leaders - $2.4M+</th>
<th>Overall - 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active owners (5%+ ownership)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Executives (non-owners)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Admin. staff (payroll, billing, secretarial)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
</tr>
<tr>
<td>Sales reps</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Staffing coordinators/care schedulers</td>
<td>0.5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Supervisors in the field, checking on clients/ caregivers</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Others not listed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.5</strong></td>
<td><strong>4</strong></td>
<td><strong>6</strong></td>
<td><strong>10.5</strong></td>
<td><strong>5.5</strong></td>
</tr>
</tbody>
</table>

These figures each represent the median number of individuals who occupy each position for the comparison groups presented. The purpose of providing this information is to help providers gain insight into whether or not they are overstaffed for the volume of revenue they are producing.

5.17 Leader Staffing Organizational Chart

The numbers represent the median number of employees for the Leaders. This chart illustrates how the average Leader might staff his or her business.
5.18 Impact of Caregiver Shortages - Historical

Participants were asked the following question, “Which statement best describes the impact caregiver shortages had on your business in the past year?” Participants selected their answers from one of the six categories listed in the graph.

- **Extremely negative impact**
- **Very negative impact**
- **Somewhat negative impact**
- **Very little negative impact**
- **No impact**
- **Did not experience any caregiver shortages**

5.19 Caregiver Shortages Impact - Caregiver Turnover

Based upon the impact of caregiver shortages this graph compares median caregiver turnover rates for those providers who had very negative impact to little negative impact from caregiver shortages.

- **Very to Extremely Negative Impact**
- **No to Somewhat Negative Impact**
5.20 Top Five Reasons for Selecting a Scheduling Software Vendor

Survey participants were asked, “What are the top three reasons you selected this scheduling software provider?”

- Functionality: 52.7%
- Web-based: 41.1%
- Price: 33.0%
- Customer support: 32.8%
- Other Reason: 22.9%

5.21 Educational Methods

Survey participants were asked, “Please select the top two methods you prefer to receive education about the industry and for your business.”

- Webinars: 84.6%
- Attending Conferences in Person: 67.5%
- Newsletters: 29.5%
- Consultants: 5.1%
- Educational Books: 4.6%
- Other Method: 4.3%
Survey participants were asked, “With the new employer mandate set to take effect in January of 2015, what actions are you currently planning to take in order to be ready for it? Select all that apply.”
5.23 Affordable Care Act Impact - Overall

As a follow-up question to actions taken because of the Affordable Care Act, survey participants were asked, “What kind of an impact, do you believe, the Affordable Care Act will have on your business over the next three years?”

- **Highly positive impact**: 2.2% (2013), 0.5% (2014)
- **Positive impact**: 5.4% (2013), 4.8% (2014)
- **Neutral impact (very little impact, positive or negative)**: 19.7% (2013), 16.4% (2014)
- **Negative impact**: 34.8% (2013), 43.4% (2014)
- **Highly negative impact**: 27.2% (2013), 28.6% (2014)
- **Not sure (Do not know enough about the Affordable Care Act to answer this)**: 10.8% (2013), 6.3% (2014)
5.24 Actions taking because of the Affordable Care Act (Employer Mandate) - Geographic Region

Survey participants were asked, “With the new employer mandate set to take effect in January of 2015, what actions are you currently planning to take in order to be ready for it? Select all that apply.”

- Provide the required health insurance plan for all employees working 30+ hours a week:
  - Pacific: 36.5%
  - Central: 27.4%
  - Southern: 29.1%
  - Great Lakes: 40.2%

- Drop my group health insurance plan and pay the penalty for each full-time employee:
  - Pacific: 1.9%
  - Central: 2.7%
  - Southern: 2.5%
  - Great Lakes: 4.7%
  - Northeast: 2.7%

- Partner with other home care organizations in an effort to share caregivers, so that the majority are under 30 hours/week:
  - Pacific: 5.8%
  - Central: 11.0%
  - Southern: 8.1%
  - Great Lakes: 11.3%
  - Northeast: 3.7%

- Pay the penalty and never adopt a group health insurance plan:
  - Pacific: 7.7%
  - Central: 6.8%
  - Southern: 11.3%
  - Great Lakes: 13.9%
  - Northeast: 4.7%

- Keep the majority of my employees to 30 hours or less per week:
  - Pacific: 21.2%
  - Central: 17.7%
  - Southern: 26.0%
  - Great Lakes: 29.1%
  - Northeast: 20.6%

- Always operate with less than the equivalent of 50 full-time employees:
  - Pacific: 15.4%
  - Central: 15.1%
  - Southern: 9.7%
  - Great Lakes: 25.3%
  - Northeast: 9.3%

- I have not made any decisions on this yet:
  - Pacific: 28.8%
  - Central: 21.9%
  - Southern: 27.8%
  - Great Lakes: 33.6%
  - Northeast: 41.9%

- Other actions:
  - Pacific: 5.8%
  - Central: 4.1%
  - Southern: 4.8%
  - Great Lakes: 3.8%
  - Northeast: 1.9%
As a follow-up question to actions taken because of the Affordable Care Act, survey participants were asked, "What kind of an impact, do you believe, the Affordable Care Act will have on your business over the next three years?"
5.26 Actions Taken Because of the Removal of the Companionship Exemption for 2014

Survey participants were asked, "What operational changes, if any, are you making as a result of the Department of Labor’s (DOL) removal of the companion exemption for third-parties? Select all that apply."

- Cutting caregiver hours to avoid overtime: 44.8%
- Rescheduling cases to avoid paying overtime: 40.1%
- Cutting back on the number of live-in cases: 14.6%
- No longer providing live-in services: 16.9%
- Cutting back on providing 12-24 hour cases: 8.3%
- No longer providing 12 hour shifts: 6.9%
- Downsizing our caregiving staff: 0.6%
- Raising fees to cover added costs: 45.3%
- Paying more caregivers over-time: 20.7%
- Loss of clients expected: 26.0%
- No changes made yet, but expect to make changes in the future: 0.0%
- Expect to make no changes to our operations: 0.0%
- Not aware of this ruling, or do not understand what it involves: 0.0%
- Ruling is not applicable to my home care business, because of current regulations in my state: 16.9%
- Other actions: 13.5%
5.27 Impact of Companionship Exemption Removal Act for 2014

Survey participants were asked, "What kind of impact do you believe the removal of the companionship exemption will have on your business within the next 24 months?"

- Highly positive impact: 6.7%
- Positive impact: 6.7%
- Neutral impact (very little impact, positive or negative): 31.5%
- Negative impact: 27.6%
- Highly negative impact: 27.6%
- Not sure: 0.0%
Overtime and Travel: The One Two Punch

Written by Tom Voiles, Founder & President of Rosemark

I will always remember 2014 as the year of the “Companionship Exemption Vortex”. As of this writing, it is still not completely clear whether and to what extent these changes to the companionship services exemption under the federal FLSA (Fair Labor Standards Act) will remain in place. A lawsuit by the HCAOA and others has managed to at least delay the implementation of key aspects of the U.S. Department of Labor’s (“DOL’s”) changes impacting home care. Meanwhile, a tremendous amount of time, energy and money has gone into figuring out how to cope with potentially losing this exemption from minimum wage and overtime pay.

For us, this actually started in late 2013 when California effectively took the plunge a year earlier than federal law changes by requiring agencies to pay caregivers state minimum wage and overtime pay starting January 1, 2014. As 2014 progressed and the rest of the country began gearing up for the federal changes to take effect January 1, 2015, I had many opportunities to talk with agency owners and staff as they adjusted to an entirely new playing field in terms of home care wage and hour laws.

Roughly speaking, the concerns that I’ve encountered fall into two categories: cost and risk.

COST AND RISK

Paying overtime and travel time to caregivers who are not exempt from minimum wage and overtime pay requirements changes the whole cost structure of the industry. If you have caregivers working well over 40 hours a week on a regular basis, the cost difference can be huge. Reducing scheduled hours, lowering base rates, eliminating certain service lines and raising bill rates are the most common approaches taken to mitigate the impact.

Risk of lawsuits, from disgruntled employees and enterprising attorneys to the DOL itself, is the other side of the trouble coin. One of the biggest problems is the lack of clarity. When exactly do we have to pay overtime and travel time? At what rates? In other words, how does the rather simple-minded structure of these regulations map onto the not-so-simple realities of home care? How can agencies be confident that they are in compliance when the rules are so poorly defined for our industry? Shining a light on the details is an excellent way of quelling the uneasiness and getting some sleep at night.

There is far more to this topic than I have space for here, but I’ll offer a distillation of some of the elements of two of the main pieces of the puzzle, Overtime and Travel Time for nonexempt caregivers.
OVERTIME

The concept of Overtime seems fairly straightforward at first glance, but it is actually a remarkably complex subject. This is especially true in an industry like ours where caregivers may work for different rates of pay on different shifts and where live-in services enter the picture.

According to the FLSA, all nonexempt caregivers must be paid "one-and-a-half times their regular rate of pay" for all hours worked over 40 in a workweek. What is their "regular rate of pay"? If you use the rate of whichever shift(s) happen to be at the end of the workweek (the ones that "caused" the overtime), you could end up under- or over-paying significantly. Averaging of the rates for the whole week, with weighting based on how many hours at each rate is much more compliant, but can be hard to understand. The easiest way to think of it is: (1) add up the total amount of remuneration (i.e., all money paid for work) in a workweek; and (2) divide by the total number of hours worked in the workweek. The sum of this equation is the caregiver’s "regular rate of pay" for that workweek. In other words, that’s the averaged rate for the week.

One confusing side effect of this approach is that, often, caregivers will have a different Regular Rate of Pay each week for calculating overtime pay. This is an example of another significant challenge: communicating clearly with your caregivers about things that you might barely understand yourself!

BILLING FOR OVERTIME

Agencies that I’ve talked with vary widely in how they approach billing for Overtime. Do you pick and choose which clients are billed overtime, or do you spread the costs out among all clients? Do you just bill the extra payroll expense that has to be paid to the caregiver (i.e. pass along the cost) or do you use an increased bill rate (1.5 times the client’s normal bill rate), or something else?

Many will do some combination of these, as the circumstances require. Some will just choose to raise their overall rates and never directly bill Overtime to the clients. This simplifies things and avoids difficult conversations, like explaining to clients why they have to help pay Overtime when they have fewer than 40 hours of service in a week themselves.

TRAVEL TIME

Nonexempt caregivers who work for multiple clients during their workday should be paid for travel time between shifts. That does not typically include travel to the first shift from home, nor from the last shift back home (this is just commuting). Travel time should be paid based on the time it would take to drive from Shift A to Shift B. According to DOL, if travel is not direct because the caregiver is relieved from duty long enough to engage in purely personal pursuits, only the time necessary to make the trip between clients must be paid. And Travel Time should be counted toward the weekly total of hours worked when calculating Overtime.

It may not always be easy to determine when travel time must be paid. One approach some agencies are taking is to set a window of time between shifts; if the 2nd shift starts within that window, it gets travel time. This makes good common sense in most cases, but consensus seems to be that this is not safe, since it does not seem to comply with DOL’s interpretation of how to pay travel when long breaks are involved.

The approach that seems to comply with DOL’s interpretation is to pay for all travel between shifts on the same calendar day regardless of long breaks. This may work well in many situations, but not in all. Take the example of a caregiver who regularly works overnight shifts. Say the caregiver works 10 p.m.-8 a.m. and 8:30 a.m.-9:30 a.m. every day. In this scheme, the caregiver
would get travel time pay for traveling between both shifts each calendar day without any commuting time built in. Someone who works 8:30 a.m.-9:30 a.m. and again from 10 a.m.-8 p.m. would only be paid travel time for the travel between one shift each calendar day. This caregiver’s morning drive to the client at 8:30 a.m. and evening drive home at 8 p.m. is commute time. The fact that the first caregiver’s shift crosses the midnight boundary artificially makes all travel time worthy of compensation if the “workday” is a calendar day.

Unfortunately, the question of how to pay for a nonexempt caregiver’s travel time when long breaks are involved in their “workday” remains a murky issue at this time. The good news is that travel time between clients may be paid at minimum wage rates, which can help offset some of these new payroll expenses.

CONCLUSION

Complying with wage and hour laws can be daunting and confusing, but, by paying attention, doing your homework and getting help when needed, you can find your way through it. Document the policies and the thinking behind the policies so that you have a clear story and can make a good case for being in compliance.

DISCLAIMER

The opinions expressed here are the personal opinions of the author. This information is offered for perspective; it in no way constitutes a recommendation or legal advice about what is right for your agency. We strongly recommend that you speak with a knowledgeable wage and hour law attorney to be sure you remain compliant.

ABOUT THE AUTHOR

Tom Voiles is the President of Shoshana Technologies, a Home Care software company providing the Rosemark Home Care Management System. He has been serving the home care industry for over 20 years. Tom uses his expertise in the industry to innovate exceptional technology and, with the Rosemark team, guide home care owners to overcome their challenges and better manage their agencies.

Eileen Maguire helped review this article. Ms. Maguire is a wage and hour law attorney with The Gilliland Law Firm, PC, in Indianapolis, IN, serving home care, home health and hospice agencies nationwide. She may be reached at emaguire@gillilandlawfirm.com or toll free at 800-894-1243.

FOOTNOTES & ATTRIBUTIONS:

1Home Care Association of America et. al. v. Weil et. al., case number 1:14-cv-00967 (RJL), in the U.S. District Court for the District of Columbia. The District Court’s rulings on December 22, 2014 and January 14, 2015 allow agencies to use the federal companionship services exemption the same as in the past. However, DOL has appealed these decisions, which poses liability risks if the appellate court or US Supreme Court rules in DOL’s favor and applies DOL’s changes retroactively to January 1, 2015.

2Many states and local municipalities have their own laws regarding minimum wage and overtime pay, including daily overtime pay requirement in addition to a weekly one. When they differ, agencies essentially will be expected to comply with whichever wage and hour law is more beneficial to the caregiver.

Department of Labor FLSA site: http://www.dol.gov/whd/flsa/
Department of Labor’s Homecare site: http://www.dol.gov/whd/homecare/
Technology Trends

Written by Nicholas Stern, Editor with Private Duty Insider

Telehealth and other mobile devices key to meeting industry challenges in 2015

Many agencies plan to take advantage of the latest and greatest in technology trends, such as mobile telehealth, to meet growing challenges in the year ahead. From advances in telehealth and point-of-care hardware and software, to mobile, GPS-enabled electronic visit verification (EVV) and cheaper smartphones, agencies have a myriad of options to choose from in 2015.

The health care industry has generally not kept pace with the consumer sector’s dependence on mobile devices and productivity apps, but such tools are becoming a necessity to manage medical records and to allow caregivers to become more efficient with documentation, according to Andrew Olowu, chief technology officer of Dallas-based Axxess.

Michael McAlpin, vice president of business development for Kinnser ADL in Austin, Texas, says in 2015, agencies will be specifically using GPS for electronic notes, activity reporting and electronic visit verification — a service that captures caregivers’ arrival and departure times. McAlpin believes, for the most part, agencies are likely to implement these technologies in a bring-your-own-device (BYOD) format, allowing the employee to use their personal smartphones or tablets to access controlled and encrypted data. Among the benefits of this type of mobile use are lower cost, real-time information and continuity of care. For example, mobile users from any socioeconomic background can purchase a smartphone for $30 to $300, including a variety of models well under $100.

In 2010, fewer than 10% of the caregivers in ADLWare’s (now Kinnser ADL) test pilot had smartphones, he says. By mid-2014, that number exceeded 70% and is still growing. Axxess reports how EVV tools are also becoming more common in states such as Florida, South Carolina, Tennessee, and Texas as they have now mandated their use. These tools can be used via landline telephone or with GPS-enabled systems. But, GPS should be the preferred solution for agencies to a consumer seeing a decline in usage of landline telephones in favor of mobile devices.
Try cheaper, mobile telehealth solutions

Telehealth has been around for decades, but more and more agencies will adopt the technology by overcoming traditional barriers, predicts Roeen Roashan, analyst of medical devices and health care IT with IHS Technology of El Segundo, CA. More than 47% of 278 respondents to a recent survey of Medicare agencies say they are either using telehealth or plan to in 2015. A new trend on the horizon is using consumer grade smartphones or tablets to transmit vital sign information, for instance, from peripheral devices like blood pressure monitors among providers.

Qualcomm Life’s vice president and chief medical officer Dr. James Mault reports how they have developed a 2net Hub — a piece of hardware the size of a deck of cards that transmits home medical device measurements from a wide variety of devices into an electronic medical record. The system can cost about $50 per month per patient, about half of the historic rate of about $100 per patient per month for traditional telemonitors and peripherals. CareCentrix, one of the nation’s largest home health agencies, is adopting 2net and associated technologies. The patient can simply plug this device into the wall and it will start working, freeing up time agencies would typically spend installing traditional telehealth monitors. Qualcomm Life also has its 2net Mobile software module that enables multiple clinicians with smartphones or tablets to collect clinical data like blood pressure readings into a unified stream and transmit the data in a system designed to meet HIPAA security requirements.

Advances in home care technologies will allow multiple clinicians on a care team to share the health data. Nursing case managers can also monitor 1,000 or more patients at one time and see which patients are having trouble and need attention and which are doing well. The largest obstacle to overcome, however, is making sure BYOD is secure. Olowu explains how while BYOD may enhance productivity and be a cost-effective way to adopt new technologies as agencies don’t have to issue a second device or provide maintenance and technical support to clinicians. But agencies need to ensure the use of personal devices in home health are HIPAA compliant and ensure patient information and communications are secure. For caregivers, the learning curve for the device is reduced as they already are familiar with the devices. When data is entered into a devise, the data must not be stored on the personal device and should have multi-platform integration to relay information back to the agency’s software. Partnering with a software vendor that offers apps on agnostic (can be run on a variety of devices) devices and multi-platform integration is crucial in doing so.

Unfortunately, agencies with custom solutions or client/server systems (in-office server systems) will find greater frustration from users due to a lack of access and pressure from management because of the heavy cost of controlling the related devices, McAlpin says. Therefore, those agencies that take advantage of software as a service (SaaS) or cloud-delivered systems might quickly be able to capture market share based on the low cost to entry, device-independent access and controlled and encrypted security.

ABOUT THE AUTHOR

Nicholas Stern is an award-winning reporter/editor in DecisionHealth’s post-acute care group. He contributes articles to leading publications such as Private Duty Insider and Home Health Line. He also has plays an instrumental role in lining up speakers and setting the agenda for DecisionHealth’s annual Private Duty Conference & Expo. For more articles like this and to sign up for our free ezine, please visit www.privatedutyinsider.com.
The Evolving Nature of Care

Written by Michael McAlpin, Vice President of Business Development

As a child, I would do anything to spend more time with my father. He operated skilled nursing facilities in a small town in Georgia, and I was the kid who spun in circles in the chairs in his office, and snuck ice cream from the deep freeze on hot summer afternoons. His facilities were like second homes to my three siblings and I, and much of who I am today was shaped wandering the halls of sterile buildings that I believed were paradise because every resident got a TV in their room. I remember taking bus rides to the fair with seniors and staff, watching seniors laugh as activity directors taught them wheelchair square dancing, and seeing nurses tear up when patients passed away. I did not realize it at the time but I was being raised in a culture of care. From an early age, the impact aids and nurses made in the quality of life for seniors made a lasting impression on me. Though many of these seniors saw hard times through the Great Depression and various world wars, in their later years, they were able to find joy.

Since I first became involved in the non-medical senior care community fifteen years ago, I have seen our industry change at an exponential rate. Most of this rapid change has taken place over the last three years as we’ve seen an unprecedented influx of new care providers. As a software provider, we have been on the front line of this growth, managing regulatory changes and working with new agencies as they join the ever-growing marketplace, thanks to the Baby Boomer generation. Increasingly, we’ve seen that the entrepreneurs behind start-ups are business people rather than the traditional nurse or care manager. Concurrently, changes in Medicare reimbursement and a focus on the continuum of care is moving more and more traditional home health agencies into the private duty marketplace as well.

Currently the strategy of business owners drawn to home health and private duty is to follow the money, which requires an advanced understanding of the ins and outs of Medicare, Medicaid, Medicaid waiver, long term care insurance, managed care, dual eligibility, veterans affairs, and private pay. If you are an existing home care provider looking to expand, you might want to look at strategic partnerships with colleagues specializing in the aforementioned services, or adding a licensed health component to your own business. While the increased regulation can be difficult, the nurturing customer service skills traditionally practiced by those in the home care sphere provide a refreshing approach to the way home health operates today.

Accommodating a diversification of services allows organizations rapid growth; and changes to any one reimbursement model can be balanced by other business units. The business logic of a diversified company is sound.
and, even better, client satisfaction improves as the provider is better able to meet their unique needs and help them find joy in daily living.

Business strategy in the home care marketplace is only as good as the information it has, the shared company vision, and its compassionate execution. By gathering information with a sincere desire to become attuned to individual clients’ needs, a business is positioning itself for referral-based growth. The company representative or care manager who initially meets with potential clients needs to not only listen to the client’s family member(s), but to the client, and seek ways to promote their happiness. Seniors want to live at home, they want to travel, they want quality of life, they want control, they want choices, they want human interaction – the same basic needs we all share. Leverage this information to build your company vision.

The vision of a successful private duty company should include meeting client needs throughout the entire senior life cycle. This would mean the savvy care provider would enter the service market earlier, stay engaged longer, and offer additional services along the way (thus, the importance of building a network of colleagues who can cross-provide).

All too often, client care begins as a result of an event or episode. The Post-acute start of care may have been prevented or minimized by an earlier low cost intervention with pre-acute lower cost services. And care often ends when families or resources can no longer support in-home care. Consider how agencies in your area can stay involved in the cycle of care that continues into local facilities and beyond. What services can be offered that empower the client, provide choice, and support human interaction?

Once your vision is established and your client pool builds as you thoroughly assess and meet their needs, the execution of your business strategy should always center on maintaining the funds required to meet your goals without limiting services. Whether your earnings are received through a government program, private pay, or other scenario, execute to meet the client needs you identified. This may take some significant creativity. One of our ADL clients partnered with an assisted living facility because there are no senior community centers existing in their area. The assisted living allowed in-home seniors into their facility and provided the ability to interact socially with their peers in a meaningful way. As a result of this relationship the facility has picked up clients as seniors transition from in-home care to assisted living. When it was all said and done, due to the strong business sense of both parties, no additional funding was required to provide a more interactive senior service.

We have also seen agencies provide in-home spa services, virtual caregiver solutions, placement services, and even vacation care companionship. Finding such ways to add value to the lives of your seniors as you maintain an open approach to meeting their unique needs will no doubt set you above the competition.

I recently had dinner with a friend who is a third generation business owner in the funeral home industry. He has met considerable success, owning multiple funeral homes in many states and frequently speaking at conferences, and he presented a unique view on the changing needs of seniors. While he represents the workforce who provides the final step in the caring process, even he recognizes how seniors’ needs are changing. He finds they want more control in the celebration of their life, versus a traditional mourning service. Change will continue to be at the forefront of our industry and by placing the client at the forefront of your business strategy you are taking a leadership and trusted role in ensuring a seniors quality of life and the viability of your own company.

ABOUT THE AUTHOR

Michael McAlpin has a long history of delivering innovation and process improvement. Prior to joining Kinnser, Michael worked for and consulted across various Fortune 500 companies including Accenture, HP, Chase, and DirecTV. In 2010 Michael founded ADLware Software to meet the growing needs of the non-medical home care industry. Following the acquisition of ADLware by Kinnser in 2014, Michael assumed the role of Vice President of Business Development. He received his B.S. in Management Information Systems from Brigham Young University.
RECRUITMENT & RETENTION

- Top Methods for Recruiting Caregivers
- Top Recruitment Sources
- Top Reasons Caregivers Work for a Provider
- Caregiver Turnover Rates
- Caregiver Pay Ranges
- Caregiver Wages Comparison
- Caregivers Receiving Overtime Pay
- Benefit Impact on Caregiver Turnover
- Caregiver Benefits
- Office Staff Benefits

- Featured Article: “6 Data-Driven Recruitment Tips from the myCNAjobs Caregiver Trend Report” By Brandi Kurtyka
- Featured Article: “Recruiting, Compliance, Referrals: Three Keys to Seeing your Business Grow” By Sharon Brothers
- Featured Article: “Recruiting and Retaining the Caregivers you need to Grow Your Private Duty Home Care Business” By Stephen Tweed & Diane West
6.1 Top 10 Caregiver Recruitment Sources/Methods in 2014 - Overall

- Internet - Craigslist.org Job Ads: 19.8%
- Employees - Current Employees (Employee Referral Program): 17.2%
- Referral Sources - Word of Mouth (Reputation): 7.3%
- Internet - Indeed.com: 6.5%
- Internet - Your Website: 6.1%
- Internet - Career Builder: 5.5%
- Advertising - Daily Newspaper Classified Ads: 4.7%
- Other Sources - *See next page: 3.8%
- Community Events - Job Fairs: 3.4%
- Referral Sources - CNA or Home Health Aide Training Schools/Programs: 3.3%

6.2 Top 10 Caregiver Recruitment Sources/Methods in 2014 - Leaders

- Internet - Craigslist.org Job Ads: 21.5%
- Employees - Current Employees (Employee Referral Program): 16.7%
- Referral Sources - Word of Mouth (Reputation): 7.2%
- Internet - Indeed.com: 6.8%
- Internet - Your Website: 5.8%
- Other Sources - *See next page: 3.1%
- Internet - Career Builder: 2.7%
- Advertising - Daily Newspaper Classified Ads: 2.7%
- Community Events - Job Fairs: 2.7%
- Employees - Reactivation of Previously Employed Caregivers: 2.7%
6.3 Recruitment Sources/Methods

**Advertising**
- Church or Faith Based Newspaper
- Daily Newspaper Classified Ads
- Direct Mail Flyers
- Direct Mail Post Cards
- Ethnic/Foreign Newspapers
- Outdoor (billboards, benches, signs, etc.)
- Penny Saver/Thrifty Nickel or other free local paper
- Radio Christian or Faith Based Stations
- Radio Music Stations
- Radio Talk Stations
- Regional Newspapers
- Senior Directory Ads
- Signs or Banners on Your Building
- Television Cable/Satellite Stations
- Television Primary Network Stations (ABC, NBC, CBS, FOX)
- Television Public Broadcasting Station (PBS)
- Weekly Newspaper Classified Ads
- Yellow Pages ONLINE
- Yellow Pages PRINT

**Community Events**
- Community Caregiver Training
- Health Fairs
- Job Fairs
- Speaking Engagements
- Sponsorships (i.e. Alzheimer’s Walk, etc.)

**Employees**
- Current Employees (Employee Referral Program)
- Reactivation of Previously Employed Caregivers

**Internet**
- Social Media (Facebook, Twitter, LinkedIn, etc.)
- Yahoo Jobs
- Care.com
- Career Builder
- Careerguru.com
- CaregiverHR.com
- Caregiverlist.com
- Company Blog
- Craigslist.org Job Ads
- E-mail Campaigns to Referral Sources
- GenerationsUnite.com
- Google Ad Words/Pay-per-Click
- Hotjobs.com
- Indeed.com
- Jobing.com
- Jobs.com
- Jobsinme.com
- Jobs-to-careers.com
- LDS Employment Services
- Local Career Websites
- Local TV Station Website Board
- Monster.com
- SimplyHired.com
- Snagajob.com
- Workforce Services Website
- Your Website

**Postings/Boards**
- College Job Boards
- Community Center Boards
- Grocery Store Job Boards
- Library Job Boards
- Workforce Services Job Board

**Public Relations**
- Community Articles, etc.

**Referral**
- State Home Care Association

**Referral Sources**
- AARP
- American Red Cross
- Assisted Living Facilities
- Chamber of Commerce
- Church Clergy and Administrators
- CNA or Home Health Aide Training Schools/Programs
- Current/Past Clients and Their Families
- Employment Agencies
- Hair Dressers and Beauty Salons
- Home Health Agencies (Medicare Certified)
- Hospice Agencies
- Hospitals
- Independent Living Facilities
- Junior or Community Colleges
- Schools of Nursing
- Senior Centers
- Skilled Nursing Facilities
- Trade or Technical Schools
- Universities (4+ Years)
- Word of Mouth (Reputation)
- Work Force Services Local Office
6.4 Top Recruitment Sources – Caregiver Turnover

Displayed is the median caregiver turnover rate for the top two recruitment sources, Craigslist and employee referrals.

<table>
<thead>
<tr>
<th>Recruitment Source</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craigslist</td>
<td>66.7</td>
<td>57.7</td>
<td></td>
</tr>
<tr>
<td>Employee Referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.5 Top 5 Things That Set a Provider Apart - Historical

Survey participants were asked, “When speaking with potential clients, referral sources, and your community, what are the top three things you tell them that set your business apart from your competition?” The top 5 list was created based on these responses.

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers - High Quality</td>
<td>39.3</td>
<td>48.2</td>
<td></td>
</tr>
<tr>
<td>Client Satisfaction (Provide proof of happy clients)</td>
<td>27.3</td>
<td>29.6</td>
<td>29.6</td>
</tr>
<tr>
<td>24/7 Availability</td>
<td>36.1</td>
<td></td>
<td>33.2</td>
</tr>
<tr>
<td>Exceptional Customer Service</td>
<td>24.6</td>
<td>22.5</td>
<td>25.8</td>
</tr>
<tr>
<td>Award Winner (i.e Best of Home Care®, Chamber of Commerce Awards, etc.)</td>
<td>12.0</td>
<td>13.4</td>
<td>15.6</td>
</tr>
</tbody>
</table>
Each month, Home Care Pulse conducts thousands of interviews with caregivers as part of our Quality Satisfaction Management Program. The following is one of the questions asked: “Why did you choose to work for this agency over others?” The top five reasons are shown above.

If you would like to learn more about the reasons why your caregivers choose to work for your home care agency as well as their level of satisfaction, please contact Home Care Pulse at www.homecarepulse.com or at (877) 307-8573. We’d love to discuss with you our Satisfaction Management Program and the tools available to assist with your recruitment and retention needs.
Caregiver Turnover Rates

6.7 Median Caregiver Turnover Rate - Overall

Caregiver turnover represents the percent of caregivers who quit or were terminated in 2014. Providers had to have been in business for at least one full year. Basic caregiver turnover is calculated by taking the number of caregivers who quit or were terminated in the year and dividing that number by the number caregivers employed in the same time period.

6.8 Median Caregiver Turnover Rate for 2014 - Percentile Ranking

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
Caregiver Turnover Rates

6.9 Caregiver Turnover Rate by Geographic Region - Percentile Ranking

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
Caregiver Turnover Rates

6.10 Median Caregiver Turnover Rate in 2014 by Revenue Ranges

6.11 Median Caregiver Turnover Rate by Years in Business - Historical
6.12 Median Caregiver Turnover Rate by Geographic Region - Historical

Data represented is gathered monthly by Home Care Pulse® via live telephone interviews with thousands of employed caregivers of nearly 700 home care providers enrolled in the Quality Satisfaction Management Program.

6.13 Top 5 Ways Caregivers Prefer to be Recognized

Data represented is gathered monthly by Home Care Pulse® via live telephone interviews with thousands of employed caregivers of nearly 700 home care providers enrolled in the Quality Satisfaction Management Program.
6.14 Median Hourly Caregiver Pay Ranges in 2014 - Overall

- **Companion/Homemaker**: Performs basic duties, such as meal preparation or light housework, and provides companionship, but typically does not assist with personal or hygiene care.
- **Personal Care Attendant**: Performs all duties of a companion/homemaker, but also assists with personal or hygiene care.
- **Certified Nurse Assistant (CNA)**: Also known as a Certified Home Health Aide in some states, this is a professional who is licensed to provide assistance with nearly all activities of daily living.

6.15 Median Live-In Caregiver Pay Ranges for 2014

$125 - $149 per 24 hour shift
6.16 Caregiver Wages Comparison - Caregiver Turnover

Data compares the caregiver turnover of those providers who pay their caregivers above the industry 75th percentile to those who pay their caregivers below the industry 75th percentile. On average for every $1 per hour more you pay caregivers, it decreases annual CG turnover by 13%.

- Pay Caregivers Above the 75th Percentile
- Pay Caregivers Below the 75th Percentile

6.17 Caregiver Wages - Percentile Ranking By Geographical Region

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.
6.18 Caregiver Wages - Percentile Ranking By Geographical Region

**Central**

- 95th Percentile: Companion/Homemaker - $11.00, Personal Care Attendant - $10.00, Certified Nurse Assistants (CNAs) - $9.50
- 75th Percentile: Companion/Homemaker - $9.50, Personal Care Attendant - $10.00, Certified Nurse Assistants (CNAs) - $9.00
- Median (50th Percentile): Companion/Homemaker - $9.00, Personal Care Attendant - $9.50, Certified Nurse Assistants (CNAs) - $10.00
- 25th Percentile: Companion/Homemaker - $8.50, Personal Care Attendant - $9.00, Certified Nurse Assistants (CNAs) - $9.00
- 5th Percentile: Companion/Homemaker - $8.00, Personal Care Attendant - $8.50, Certified Nurse Assistants (CNAs) - $8.50

6.19 Caregiver Wages - Percentile Ranking By Geographical Region

**Southern**

- 95th Percentile: Companion/Homemaker - $10.38, Personal Care Attendant - $10.00, Certified Nurse Assistants (CNAs) - $8.50
- 75th Percentile: Companion/Homemaker - $9.50, Personal Care Attendant - $10.00, Certified Nurse Assistants (CNAs) - $9.00
- Median (50th Percentile): Companion/Homemaker - $9.00, Personal Care Attendant - $9.50, Certified Nurse Assistants (CNAs) - $9.00
- 25th Percentile: Companion/Homemaker - $8.50, Personal Care Attendant - $9.00, Certified Nurse Assistants (CNAs) - $7.65
- 5th Percentile: Companion/Homemaker - $7.65, Personal Care Attendant - $7.63, Certified Nurse Assistants (CNAs) - $8.50
Caregiver Wages Comparison

6.20 Caregiver Wages - Percentile Ranking By Geographical Region

**Great Lakes**
- Companion/Homemaker
- Personal Care Attendant
- Certified Nurse Assistants (CNAs)

6.21 Caregiver Wages - Percentile Ranking By Geographical Region

**Northeast**
- Companion/Homemaker
- Personal Care Attendant
- Certified Nurse Assistants (CNAs)
6.22 Caregivers Receiving Overtime Pay - Percentile Ranking

Percentile graphs illustrate rankings on a scale from 1%-100%. For example, if your results, based on the value on the right, fall somewhere in the 75th percentile, you are outperforming 75% of the industry in that particular measurement.

Survey participants were asked, “What percent of caregivers, if any, receive overtime pay during an average pay period?”
6.23 Historical Caregiver Turnover
- Providers That Offer Caregiver Benefits vs. No Benefits

This graph displays caregiver turnover based upon the business providing any of the benefits listed on the next page compared to those who do not offer any benefits to their caregivers.

- **Offer Caregiver Benefits**
- **No Caregiver Benefits**

6.24 Caregiver/Office Staff Benefits

**Provide Caregiver Benefits**
- **60.7% Yes**
- **39.3% No**

**Provide Office Staff Benefits**
- **80.4% Yes**
- **19.6% No**
Survey participants selected which benefits they provided to their caregivers. This graph shows the percent of participants who selected each of the following benefits listed, based upon revenue range groups.
Survey participants selected which benefits they provided to their office staff. This graph shows the percent of participants who selected each of the following benefits listed, based upon revenue range groups.

- **Major Health**
- **Dental**
- **Supplement (i.e., Aflac)**
- **Paid Vacation**
- **Sick Leave**
- **401K Matching**
- **Profit Sharing**
- **Tuition Plan**
6 Data-Driven Recruitment Tips from the myCNAjobs Caregiver Trend Report

Written by Brandi Kurtyka, CEO of myCNAjobs
myCNAjobs.com/caregiver-trend-report

Observation: Caregivers report getting multiple calls for jobs EVERY SINGLE WEEK.

Tip: Sell yourself to a caregiver; you’re not the only shop in town.

Observation: The personal connection a caregiver makes with your recruiter is critical in enticing caregivers to continue in the hiring process.

Tip: Call caregivers to invite them for an interview; connect with them!
### How far in advance do you prefer to book interviews?

<table>
<thead>
<tr>
<th>Days in advance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>24 Hours</td>
<td>24%</td>
</tr>
<tr>
<td>1 Week</td>
<td>19%</td>
</tr>
<tr>
<td>48 Hours</td>
<td>18%</td>
</tr>
<tr>
<td>2 Weeks</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Observation:** The early bird gets the worm.

**Tip:** Review resumes daily and book interviews within 72 hours of application date.

---

### I may not show up to the interview if...

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t have a set interview time.</td>
<td>51%</td>
</tr>
<tr>
<td>I don’t have a clear understanding of the jobs available.</td>
<td>49%</td>
</tr>
<tr>
<td>I have not heard of the company before.</td>
<td>33%</td>
</tr>
<tr>
<td>I know there are dozens of caregivers being interviewed.</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Observation:** Low interview show-up rates plague the industry. However, the right recruiting strategies can yield positive results.

**Tip:** Ensure caregivers know what to expect at the interview, understand who you are, the jobs available, and that you’re specifically interested in THEM.

---

### “I’d turn down a job if I feel the interview went poorly.”

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44%</td>
</tr>
</tbody>
</table>

**Observation:** Caregivers may not tell you they felt the interview went poorly, but it’s a key reason they go silent after the interview.

**Tip:** Roll out the red carpet for caregivers during the interview. Not only will they want to work for you, they’ll tell their friends.

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### CAREGIVER TREND REPORT

**Observation:** Caregiver pay isn’t everything in negotiations and desired wages vary by zip code across the country.

**Tip:** See what caregivers want to make in your territories. Download a free pay report at myCNAjobs.com/pay.
Recruiting, Compliance, Referrals: Three Keys to Seeing your Business Grow

Written by Sharon K. Brothers, MSW
CEO, Institute for Professional Care Education, LLC

As the founder and owner of a small business, I know what it’s like to want to do good things with my business, while still making it successful. I've had those moments of wondering “What next? What else can I do to grow my business?” In these ways, my business is like most home care businesses. Our heart and soul is poured into the business; we eat, sleep, breathe the question, “How do I grow this business and achieve my personal goals – and stay proud of this company I’m building?”

Along the way, I’ve become convinced that growing a business is really a matter of focusing on and regularly attending to foundational concepts. Sure, growing a business means dealing with an ever-increasing number of details, but when you strip away these distractions, the core needs of a business are quite simple.

KEY #1: GET THE RIGHT PEOPLE ON THE BUS

Our company has more than doubled in employee count in the last 12 months. We were once a true mom-and-pop operation with a team of 7. Today we have over 50 employees spread out across two states. As we’ve grown, it’s been vital for me to look for people who help us retain our culture of changing people’s lives through training and education; of finding people who are passionate about quality training for quality care. When we find the right people, we have an excited, engaged, high-energy team who produce exceptional results.

One thing to be aware of is that the “right” people also tend to be more selective with their employers, as opposed to just taking any job that comes their way. At our company we use a high-level sales training program that significantly increases sales. When we highlight training programs like this, as well as our passion for changing lives, we get the right people interested quickly because they can feel our desire for their success.
The data in recruiting caregivers is very compelling, according to thousands of individuals surveyed by myCNAjobs over the past two years. Caregivers reported that they actively seek more training opportunities (85% of respondents) and that they must be learning to stay with a company (71% of respondents). When you offer a more specialized training program than your competitors, you attract candidates who value learning, growing and improving their skills. Those folks are crucial to growing your business.

KEY #2: BUILD A STRONG FOUNDATION

Growing a company quickly and effectively means paying attention to your foundation. It means having solid systems that let you scale as fast as you can, without key processes failing or breaking down. It means paying attention to the most fundamental level of business: compliance.

Whether you’re looking at risk mitigation, ensuring quality care and services or building on a good customer reputation, don’t shortcut the training. Prior to starting IPCed, we owned and operated assisted living communities. I managed our California properties, offering care to people with dementia -- right in the heart of litigation-central. Whenever a resident went to the hospital, experienced a fall or died unexpectedly, I knew that there was a good likelihood I’d have to face scrutiny from one of the eager legal professionals in the state.

Their first question was always, “Did you even train these caregivers on this topic? Show me evidence.” I learned early that if I could thoroughly and completely answer this question they’d quickly move on to easier targets. My training was complete and our records tight. We knew that if we didn’t take good care of compliance foundations, we wouldn’t survive, much less grow our company.

With a solid foundation, you have the flexibility to explore new areas of business growth. More importantly, you can stand proud when you run into that person at a dinner party who says, “My neighbor gets care from your company. They LOVE their caregiver!”

KEY #3: GET PEOPLE TALKING ABOUT YOU

Referral building is one of those essential keys to growing a business and needs to be nourished daily. In my background, first as a discharge planner and later in conversations with long-time friends still in this key referral position, I’ve learned that two things are most valued: relationship and differentiation.

Relationship building often starts with basic familiarity. What makes someone transition from an acquaintance to a friend? Often it’s just the time you spend together. Building relationships with key referral sources requires the same sort of time investment. Move from a little-known provider (one of many) to a familiar name, a face that is friendly and recognized and a helpful colleague and don’t be surprised if you start getting those phone calls that open with lines like this: “I’ve got this patient that I’m not sure if you can help, but let me run it by you.” Referral sources love to know that they can call you with challenging questions and you’ll pick up the phone – and be straight with them.

Differentiation is the other essential element of getting the attention of referral sources. What makes you different from the rest of the pack? Why should they call you, or nudge you higher on the list of potential care providers?
I love to see what a difference it makes to referral sources when providers start sharing their training programs. When you can say, “Oh yes, we can help with that patient – I have a caregiver with a dementia certification who will be excellent at care,” you’re going to get more referrals.

One technique I loved to use in my provider days was taking a photo of a client who had come into our care looking pretty rough, but who now was laughing, walking or even dancing. We’d print the photo (this was pre-digital camera days), paste it on a brightly colored sheet of construction paper and add a typewritten note at the bottom that said something like, “Mrs. Jones is blooming in our care! We have a group of caregivers who have specialty training in caring for someone with Parkinson’s disease working with her, and look at her now! Thanks so much for the referral!” A little corny, perhaps, but so appreciated by the people who referred but never got a chance to see if it worked out well or not.

Even today when I relate this story to my discharge planning friends they tell me it would mean so much to them to hear “the rest of the story.” You can do that – and build relationships and referrals at the same time.

ABOUT THE AUTHOR

Sharon Brothers is the founder and CEO of the Institute for Professional Care Education (“IPC-ed”), a national caregiver training and certification company. Prior to starting IPCed, Brothers owned and operated a group of dementia care assisted living communities in California and Oregon. Her passion for lifelong education, honoring the work of the direct care provider and creating quality care relationships forms the foundation of the training programs provided by IPCed. IPCed offers state compliance training for caregivers (both initial and continuing education), certifications for professional development and skill building, and advanced skills training for higher-acuity care. Learn more about IPCed at www.ipced.com. Contact the author with your comments, feedback or questions at sbrothers@ipced.com.
Recruiting & Retaining the Caregivers You Need In Order to Grow Your Private Duty Home Care Business

Written by Stephen Tweed and Diane West

At the 2014 Home Care Association of America Leadership Conference in Kansas City, we had the opportunity to facilitate three different panel discussions with CEOs of leading home care companies across the country. These highly interactive sessions gave us the opportunity to talk with over a hundred home care leaders, and the topic of conversation always came back to caregiver recruiting. Everyone we talked with at the conference was concerned about finding enough caregivers to meet the needs of their growing companies.

As soon as we got back to Louisville, we reviewed the 2008 Caregiver Recruiting Study conducted by Caregiver Quality Assurance®. We updated the questions and launched the 2015 Private Duty Caregiver Recruiting Study. Over 135 companies responded to the survey and gave us very specific information about the recruiting techniques they were using, and which techniques are most effective in finding high quality applicants.

THE TOP TEN RECRUITING TECHNIQUES

When considering the best practices for recruiting caregivers, we need to consider several criteria. Do you want to look at the techniques most frequently used by other companies in the industry? Do you want to look at the techniques that are most effective for bringing in large numbers of applicants? Or, do you want to look at the techniques that are most effective in bringing in high quality applicants?

When we asked the CEOs of leading home care companies, the answer was pretty clear. Home care leaders want high quality caregivers.

So let’s look at the Top Ten Techniques for bringing in high quality applicants. We will also show you what percent of companies use each technique.
The major lesson from looking at the Top Ten Techniques is, "The most frequently used techniques are not the most effective, and the most effective techniques are not used by many home care companies."

<table>
<thead>
<tr>
<th>Recruiting Source</th>
<th>Effectiveness Score (1-5)</th>
<th>Percent Companies Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Four Year Nursing Schools</td>
<td>3.74</td>
<td>41.89%</td>
</tr>
<tr>
<td>2. Faith Based Recruiting</td>
<td>3.58</td>
<td>31.51%</td>
</tr>
<tr>
<td>3. CNA and HHA Schools</td>
<td>3.55</td>
<td>29.73%</td>
</tr>
<tr>
<td>3. (tie) Internet Recruiting</td>
<td>3.55</td>
<td>81.3%</td>
</tr>
<tr>
<td>4. Staffing Companies</td>
<td>3.50</td>
<td>4.17%</td>
</tr>
<tr>
<td>4. (tie) Training own CNAs and HHAs</td>
<td>3.50</td>
<td>14.86%</td>
</tr>
<tr>
<td>5. Direct Mail</td>
<td>3.38</td>
<td>22.62%</td>
</tr>
<tr>
<td>5. (tie) Clients and Families</td>
<td>3.38</td>
<td>16.87%</td>
</tr>
<tr>
<td>6. Community Colleges</td>
<td>3.30</td>
<td>33.78%</td>
</tr>
<tr>
<td>7. Employee Referral Program</td>
<td>3.27</td>
<td>74.43%</td>
</tr>
</tbody>
</table>

The growth of the Internet, websites, and social media have changed the home care recruiting landscape. The biggest shift has been the growth of digital recruiting. It's easy, cheap, and somewhat effective to use these techniques to find the applicants you want. However, as the data suggests, these techniques yield high numbers of lower quality applicants, the conversion ratio of applicants to new hires is relatively low, and unfortunately these methods have created a large number of lazy recruiters.

These methods have generated so many applicants that recruiters get buried in the screening process, so they stop using other techniques. The result is that schedulers are struggling to fill shifts and the recruiters are overwhelmed sifting through stacks of digital applications.
Again, the lesson is clear. Many companies are putting huge effort into techniques like Facebook and LinkedIn that are not as effective in finding high quality applicants.

**PRINT RECRUITING**

For a bazillion years, the old standby recruiting sources have been print media. And though print is not dead, it is dying.

<table>
<thead>
<tr>
<th>Print Media</th>
<th>Effectiveness Score</th>
<th>Percent of Companies Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct Mail</td>
<td>3.38</td>
<td>22.62%</td>
</tr>
<tr>
<td>2. Media Relations</td>
<td>2.82</td>
<td>14.77%</td>
</tr>
<tr>
<td>3. Daily Newspaper</td>
<td>2.48</td>
<td>26.96%</td>
</tr>
<tr>
<td>4. Alternative Newspaper</td>
<td>2.46</td>
<td>9.57%</td>
</tr>
<tr>
<td>5. Local Magazine</td>
<td>2.40</td>
<td>20.0%</td>
</tr>
<tr>
<td>6. Bargain Shopper</td>
<td>2.06</td>
<td>11.30%</td>
</tr>
<tr>
<td>7. Non-English Newspaper</td>
<td>2.00</td>
<td>3.48%</td>
</tr>
</tbody>
</table>

2008 to 2015 shows a steep drop in the use of classified print advertising for caregiver recruiting because other methods are less expensive and just as effective, if not more so.

**FACE TO FACE RECRUITING**

By far the techniques that are most effective are the various methods of meeting people face to face and asking for referrals. This is a mix of techniques and the common denominator is, you need to get out of your chair, get out of the office, and build relationships with caregiver centers of influence.

<table>
<thead>
<tr>
<th>Digital Recruiting Source</th>
<th>Effectiveness Score</th>
<th>Percent of Companies Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indeed.com</td>
<td>3.55</td>
<td>48.04%</td>
</tr>
<tr>
<td>1. (tie) Local recruitment site</td>
<td>3.55</td>
<td>22.55%</td>
</tr>
<tr>
<td>2. Jobs.com</td>
<td>3.50</td>
<td>3.92%</td>
</tr>
<tr>
<td>2. (tie) Career.com</td>
<td>3.50</td>
<td>6.86%</td>
</tr>
<tr>
<td>3. MyCNAJobs.com</td>
<td>3.44</td>
<td>29.41%</td>
</tr>
<tr>
<td>4. Career Builder</td>
<td>3.24</td>
<td>33.33%</td>
</tr>
<tr>
<td>5. Healthcare specific site</td>
<td>3.11</td>
<td>16.67%</td>
</tr>
<tr>
<td>6. Monster.com</td>
<td>3.00</td>
<td>19.96%</td>
</tr>
<tr>
<td>7. CraigsList</td>
<td>2.91</td>
<td>81.3%</td>
</tr>
<tr>
<td>8. Snagajob</td>
<td>2.80</td>
<td>6.86%</td>
</tr>
<tr>
<td>9. Facebook</td>
<td>2.53</td>
<td>92.00%</td>
</tr>
<tr>
<td>10. Linked In</td>
<td>2.48</td>
<td>50.00%</td>
</tr>
</tbody>
</table>
THE RULE OF THREE

In order to be highly effective in recruiting caregivers you must have a focused recruiting strategy that you can repeat every week. Repetition and consistency are key. In order to say focused, we recommend that you follow the Rule of Three. Pick three categories of recruiting and develop a system to use these techniques every week. Test your ads. Improve your application process. Refine your selection system. And keep recruiting every week.

Here is our recommendation for your Rule of Three Recruiting Plan.

1. **Referral Programs**
   - Employee Referral Program
   - Client and Family Referral Program

Launch both of these referral programs at the same time. Actively market open jobs to current employees and current clients and families. Also don’t forget to keep in touch with families of past clients. Set up an incentive program based on a percent of your actual cost of recruiting new caregivers.

2. **Digital Recruiting Program**
   - Your company website careers page
   - Indeed.com
   - Local job site
   - MyCNAJobs.com
   - Local healthcare specific job sites
   - CraigsList.org

You want all of your digital recruiting efforts to point back to the careers page on your own website. Make sure the copy on that site is appealing to prospective employees and then make it easy for candidates to apply.

3. **Face-to-Face Recruiting Program**
   - Campus Recruiting
   - Faith Based Recruiting
   - Networking in the Community
   - Public Speaking

<table>
<thead>
<tr>
<th>Face to Face Recruiting Method</th>
<th>Effectiveness Score</th>
<th>Percent of Companies Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Four Year Nursing Schools</td>
<td>3.74</td>
<td>41.89%</td>
</tr>
<tr>
<td>2. Faith Based Recruiting</td>
<td>3.58</td>
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<td>3. CNA and HHA Schools</td>
<td>3.56</td>
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<tr>
<td>4. Clients and Families</td>
<td>3.38</td>
<td>16.87%</td>
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</tr>
<tr>
<td>6. Employee Referral Program</td>
<td>3.27</td>
<td>74.43%</td>
</tr>
<tr>
<td>7. Networking in Community</td>
<td>3.11</td>
<td>55.96%</td>
</tr>
<tr>
<td>8. Public Speaking</td>
<td>3.00</td>
<td>19.96%</td>
</tr>
<tr>
<td>8. (tie) 4 Year Colleges</td>
<td>3.00</td>
<td>14.86%</td>
</tr>
<tr>
<td>9. Continuing Education</td>
<td>2.95</td>
<td>24.32%</td>
</tr>
<tr>
<td>9. (tie) Technical Schools</td>
<td>2.95</td>
<td>28.38%</td>
</tr>
</tbody>
</table>
These face-to-face recruiting efforts are focused on building relationships in your local community. These same relationships with centers of influence may also become valuable client referral sources. Some companies actually use their community relations person to do both marketing and recruiting, depending on the current needs of the agency.

**CAREGIVER RETENTION STRATEGIES**

While recruiting is a huge issue for most home care companies, retaining caregivers is also big. In 2014, the caregiver turnover rate in the industry was 61.6%. Over the past five years, the turnover rate has continued to rise as the economy has improved. Caregivers are less concerned about changing jobs, and the number of home care companies available to employ them has exploded. Based on research conducted by Leading Home Care and Caregiver Quality Assurance®, the top three issues that will positively impact caregiver turnover are:

1. Feeling valued and respected
2. Doing meaningful work
3. Working for a servant leader - a company owner or CEO who puts service to clients and caregivers before self.

According to the caregiver satisfaction data from Home Care Pulse, the top ways that caregivers feel valued and appreciated are:

1. Paid time off, bonuses, gift cards
2. Verbal recognition by supervisor
3. Pay raise
4. Recognition by client
5. Company wide recognition
Further research on number three, pay raises, showed us that it's not the amount of the pay raise, but just that the company values the caregivers enough to give it. We have found that the most effective way to do this is through an annual pay for performance program so that you don't need to keep bumping up the base hourly pay rate.

We have just begun to scratch the surface of the information available on recruiting and retention of caregivers. For more information, or for a copy of our 2015 Private Duty Home Care Recruiting Study, please visit www.caregiverquality.com.●

ABOUT THE AUTHORS:

Stephen Tweed is an internationally known healthcare and business strategist, award winning professional speaker, corporate coach, and serial entrepreneur. He is currently the CEO of Leading Home Care, a Tweed Jeffries company based in Louisville, KY. He is Founder of Caregiver Quality Assurance® - www.caregiverquality.com – and The Academy for Private Duty Home Care®. He can be reached at 502-339-06563 or Stephen@leadinghomecare.com

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TAKING ACTION

- Understanding Key Performance Benchmarks
- Key Performance Benchmarks
- Featured Article: “The 20/20 View of Homecare Technology”
  By Dr. Steven Fox
Understanding Key Performance Benchmarks

Revenue
Reported annual revenue based on billing categories.

Billable Hours Total
The total number of hours you billed your clients, including hourly and live-in hours during an average week. If you provide live-in care, where the caregiver sleeps during the night in the clients home, count one day and one night as a 24-hour shift when entering your information.

Inquiries
Individuals who called for services and provided some kind of contact information, such as a phone number, address and/or e-mail.

Admissions
New clients who started services.

Discharges
Clients who cancelled services, for whatever reason.

Net New Clients
This represents the difference between new admissions and discharges for a given period. Admissions minus discharges equals Net New Clients.

Inquiry to Admission Close Ratio
Represents the percentage of service inquiries that became actual clients. (This number is found by dividing the number of admissions by the number of inquiries.)

Client Turnover
The percent of clients stopping services in a given time period. Basic client turnover is calculated by taking the number of clients who stopped services in a given time period and dividing it by the average number of clients serviced during the same period.

Caregiver Turnover
Caregiver turnover represents the percent of caregivers who quit or were terminated. Basic caregiver turnover is calculated by taking the number of caregivers who quit or were terminated in a certain period of time and dividing that number by the average number of caregivers you employed in the same time period.

Client Acquisition
This benchmark displays the cost of acquiring new clients. To calculate your client acquisition costs, add up your total sales and marketing expenses (including salaries and commissions associated with sales and marketing). Then, divide this total dollar amount by the number of new clients (admissions) you brought on service in the same period, usually annually or the past 12 months.

Sales per Full-time Employee
This benchmark emphasizes getting the most out of each employee. It is calculated by dividing your annual revenue by the number of office staff you employ (excluding caregivers, but including active owners). Part-time employees count as .5 or ½.
Key Performance Benchmarks

“I will act now. Success will not wait. If I delay, success will become wed to another and lost to me forever. This is the time. This is the place. I am the person.”

Og Mandino, author of “The Greatest Salesman in The World.”

The primary purpose of this study is to provide you with powerful insights and benchmarks that can help move your business forward. However, the information contained here can be insignificant if you do not take positive action and utilize it. This section is designed to help you dive into the details of your current performance and then plot a proper course that will drive future performance.

HOW TO USE THIS SECTION

Industry – In this study, go to the page number listed in the Industry box and choose the benchmark you want to compare to, whether that is the overall industry or any other comparison group, and enter that number in the provided box.

Personal – If you participated in the survey portion of the study this year, you should have received your survey responses after completing the survey. To compare your business to the industry, you can take the numbers from your survey responses (go to the question number listed under the Personal box) and enter them into the boxes provided. (However, for a more up-to-date comparison, you can enter your trailing 12-month figures into the box instead.)

12-month Goal – In this box, after evaluating the Industry and your Personal figures, set a goal for your company to achieve by the end of the next 12 months.

Revenue – Of course there are a lot of ways to boost your revenue. For some ideas, immerse yourself in the sales and marketing section of this study and pay close attention to 1) the top 10 referral sources list and 2) all the other referral sources that participants listed as their #1 source. What is working for one participant, and rarely being used by others, just might be the ticket for you. Focus your attention on those sources that have the potential to generate the greatest revenue for your business, such as marketing directly to your existing and past clients and their loved ones.

Industry

See study pages 54-64

Personal

See Survey Question 15

Goal

12-month goal
Key Performance Benchmarks

**Billable Hours** – Growing this benchmark relies upon how well you are performing in two critical activities: bringing on more new clients and retaining and growing the billable hours of your current clients. Only by excelling in both areas can one truly achieve sustainable and continuous growth. Adopting a solid sales strategy will help with bringing on new clients, and enrolling in VANTAGE, powered by Home Care Pulse, will help you excel in both activities.

**Inquiries** – Improving the number of inquiries you receive is critical to growing your business. Leading providers excel at this and it shows in the numbers. According to the results of this study, found in the Sales & Marketing section, Leaders (those who billed more than $2,400,000 in revenue in 2014) received twice as many inquiries as the rest of the industry. A large part of their success stems from a keen focus on implementing their marketing strategy.

**Admissions** – Tracking the number of new clients you bring on each month will help you set your sales and marketing goals for the future. Once you know how many admissions you want to bring on every month, create a sales and marketing strategy to make it happen. Start by defining who your “Right-Fit Clients” are. This client type loves your services, is profitable, and would highly recommend you to others. Specifically ask them for referrals often. Focus marketing efforts on them.
Key Performance Benchmarks

**Discharges** – No one really likes this indicator because it signifies the number of clients who stop using your services. Both Admissions and Discharges are constantly fighting the other. To grow, Admissions must win out on a consistent basis. To ensure this happens, make sure your entire team, including the caregivers, understand how to provide what we call “The Ultimate Client Experience.” How often do you communicate with your clients? Do your caregivers follow strict guidelines when in the home? Do you have Caregiver Position Agreements in place that outline these guidelines? Do you have a Caregiver Recognition Strategy in place that helps drive caregiver satisfaction, which in turn can drive client satisfaction? All of these are important questions to ask when it comes to energizing the client experience and minimizing discharges.

**Net New Clients** – This indicator is the difference between admissions and discharges and is very important to keep track of because it demonstrates your success at growing admissions over discharges. If you find this number in the negative far too often, you may need to look closely at what your referral mix looks like. For example, if you receive a lot of referrals from hospices, your client turnover understandably will be higher. Balance this out by focusing on client referrals, bank trust officers and discharge planners.
**Key Performance Benchmarks**

**Inquiry to Admission Ratio** – This is a very powerful indicator of overall sales performance. It tells you the percentage of qualified inquiries that turn into actual billing clients. All three ratios are important, but this one specifically helps you gain valuable insight into the performance of sales from the beginning. Critical to improving this ratio is how well you and your sales team are converting at the assessment. Make sure your sales strategy includes specific methods for conducting a successful assessment. The assessment is your opportunity to ask questions that help you uncover the real problem and assist the prospect into finding the implied need for your services. Questions are key. At the end, once you understand how your services can help fill their need, then you can tell them everything great about your agency. This simple process will help convert more assessments into actual paying clients.

**Client Turnover** – In this industry, there is going to be client turnover simply due to death. This is inevitable. However, a higher than normal client turnover can often be tied more to poor client satisfaction and other avoidable problems. Measuring client satisfaction can help you identify areas that need attention in order to decrease client turnover. As mentioned under Discharges on the next page, providing “The Ultimate Client Experience” involves a lot of work and strategic focus. It requires a plan that involves constant communication, positive engagement and ongoing training of your staff and care team. They must know how to deliver this experience on all levels, including the care itself, billing, and care coordination, every time your clients and their loved ones come in contact with your company.
Key Performance Benchmarks

Caregiver Turnover – If you’re not tracking this vital indicator, you’re gambling with the future of your business. With caregiver shortages looming in the future due to the increasing demand for home care, understanding your performance in this area will help you be prepared for this challenge. One of the most important ways to help decrease caregiver turnover and increase caregiver retention is to develop your own Caregiver Recognition Program. Here are some components you might want to consider including in this program:

- You and your team are required to send handwritten thank you cards to 10% of your professional caregivers each month.
- Provide each of your supervisors with a gift card budget. For example, each supervisor has a $100 gift card budget each month (for ten $10 gift cards) that they hand out when they identify a caregiver going beyond the call of duty. Require your supervisors to use up the budget as they watch for and reward the positive actions of the caregivers they supervise.
- If you are measuring client satisfaction, create a system where positive feedback is passed on to the caregiver responsible.
- Make sure to publicly recognize specific individuals when their performance is high.
- Institute an annual performance review meeting with each caregiver where you provide a pay raise for loyalty and great performance. The pay raise does not need to be much—it just shows caregivers that you appreciate their hard work and performance.

To Calculate Caregiver Turnover

\[
\frac{C}{D}
\]

Box A - Input number of caregivers actively employed as of December 31, 2013. See Survey Question 36.
Box B - Input number of caregivers actively employed as of December 31, 2014. See Survey Question 36.
Box C - Input number of caregivers actively employed who quit or were terminated in 2014. See Survey Question 37.
Box D - Add Box A & B together, then divide by 2 to find average. i.e. \((A+B)/2\)

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**Key Performance Benchmarks**

**Client Acquisition Cost** – This benchmark helps you understand what it is costing you to acquire new clients. Comparing yourself with the rest of the industry in this area can be very valuable. If your acquisition cost is much higher than the comparison group you are looking at, you might be spending more on advertising and not enough time building relationships. Those who focus their efforts on networking and building their client referrals, tend to have much lower client acquisition costs. The higher the cost the more difficult it becomes to drive bottom-line profitability. Advertising mediums are important, but we suggest that they should only make up 25–35% of your efforts. The rest of your time and money, in most cases, should be focused on referral source marketing.

**Sales per Full-time Employee** – The calculation of this indicator is simple (refer to the front of this section for this explanation), but improving your performance in this area can become complicated. Why? Sometimes it means letting go of team members that are not helping you drive revenue or save on your bottom line. This is often difficult and requires an in-depth analysis of your staff and their contributions. Start this analysis by creating your desired organizational chart. Then, without bias, write in the names of current team members best suited to fulfill each position. Focus on their unique talents and abilities. You might discover some people are in the wrong position. If you have individuals who don’t belong on your desired organization chart, it might be necessary to part ways so you can build towards a stronger future. If your Sales per Full-Time Employee is well above the comparison group, hiring the right fit candidates might be the way to go.

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<td>See Calculation Below</td>
<td>12-month goal</td>
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**Box A** - Input total dollar amount spent on Sales & Marketing. See Survey Question 17.

**Box B** - Input number of Admissions (new clients). See Survey Question 24.

To Calculate Client Acquisition Cost Divide A by B, i.e. \( \frac{A}{B} \)

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**Box B** - Input number of office staff (non-caregivers). Count part-time office staff employees as half (0.5). See Survey Question 47.

To Calculate Sales per Full-time Employee Divide A by B, i.e. \( \frac{A}{B} \)
We are undergoing the most dramatic transformation in healthcare since the creation of Medicare and Medicaid in 1965. ACA or no ACA, the movement is forward and it’s accelerating. Within the next decade the patient’s home may replace hospitals and other settings as the primary location for healthcare in the United States. “The home setting and health services and supports will become so synonymous that they may not be called home care; rather, they will just be modern healthcare,” stated Steven Landers, M.D., MPH, president and CEO of the VNA health group. Home care providers can make this a reality with the right technology, enhanced patient care and genuine collaboration with new physician and hospital organizations, such as the Patient Centered Medical Home (PCMH) and Accountable Care Organizations (ACO).

Twenty years ago, few if any home care providers were using scheduling, telephony and payroll systems, but these have all become so ubiquitous and necessary today. Also about 20 years ago the Institute of Medicine (IOM) attempted to define medical technology or telemedicine:

“… telemedicine is not a single technology or discrete set of related technologies; it is, rather, a large and very heterogeneous collection of clinical practices, technologies and organizational arrangements. In addition, widespread adoption of effective telemedicine applications depends on a complex, broadly distributed technical and human infrastructure that is only partly in place and is profoundly affected by rapid changes in healthcare, information, and communications systems.”

So what technologies are available today and, perhaps most importantly, which ones are truly useful and beneficial to both clients and providers alike? To answer this, we must first examine the technology to decide if it’s active or passive. Passive technologies are cameras, motion sensors, fall accelerometers, heat or water use meters, etc. These devices require little training and may detect or forewarn of emergencies, but require 24-hour human monitoring. These devices, and even the concept of a fully technological smart home, may be appropriate for a limited number of ambulatory and generally higher functioning individuals. A potential objection or obstacle to these technologies is that some people resent intrusion to their privacy and autonomy.

Active technologies require someone be trained and participate in the technology’s use. While they take more expertise, active technologies are generally more beneficial to both patients and home care providers. Examples of active technologies include patient portals, Skype, video consultations and medical appointments. Perhaps
the area in which active technology benefits are most clear is Interactive Home Telehealth. The American Telemedicine Association (ATA) defines Interactive Home Telehealth to include the utilization of two-way interactive audio-video involving the patient and a healthcare provider. This service provides remote care delivery (i.e., assessment, education, data collection) and may include devices collecting clinical data from the patient and delivered to the health provider.

The real breakthrough technology today comes with the coupling of Interactive Home Telehealth with Telemonitoring on the same device. Telemonitoring as defined by the ATA is, “The collection of clinical data and the transmission of such data between the patient and a distant location and a healthcare provider through a remote interface so that the provider may conduct the clinical review of such data and provide a response relating to such data. This includes the use of automated laboratory or other health monitoring equipment as well as the manual entry of data.”

This real-time, longitudinal data collection and monitoring of patients in the home has the greatest potential to provide the right care, at the right time for the right patient. Unfortunately the “right patient” is not the typical private duty client of the past. Known as “Category D,” many private duty clients are older with chronic and functional impairments. Category D persons are not often acutely ill (low cost) and mostly need support with activities of daily living (ADLs). The “right patient” for monitoring services is the one that $.71 of each healthcare dollar in the United States is spent upon. These are the over 60 million Americans who have 3 or more chronic conditions, and we refer to them, as a group, as “Category F.”

Caring effectively for Category F persons, those with multiple chronic conditions (MCC), is among the most important challenges that our healthcare system faces. The number of physicians seen annually by a patient with one chronic condition is four, but rises almost exponentially with each additional condition. This means a patient with five chronic conditions is likely to see as many as 14 different physicians in a year. There is indeed little evidence that our current single disease management approach is clinically or cost-effective. We have known about this problem for a long time. Almost 20 years ago, in 1996 the American College of Physicians identified the need for chronic disease management. In 2004 the prominent geriatrician Mary E. Tinetti observed that:

“...The changed spectrum of health conditions, the complex interplay of biological and nonbiological factors, the aging population, and the interindividual variability in health priorities render medical care that is centered primarily on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease, given the changing health needs of patients, inadvertently leads to under treatment, overtreatment, and mistreatment.”

So what has changed and what is going to produce a system wide improvement? Since the passage of the Affordable Care Act in 2010, nearly everything has moved in the direction of improving chronic care. Utilizing monetary incentives and penalties, CMS and insurers are changing the practice of medicine and the delivery of healthcare. Medical practices must now provide a continuity of care, improved communication and collaboration with other providers for patients in the community and not just in the office or hospital. This is where the great promising opportunity for homecare providers starts.

Those organizations and companies that can provide Interactive Home Telehealth and Telemonitoring for their patients will be the winners and the vanguard that will move “home care” to “modern healthcare”. After all, it is in the home where healthcare began and where physicians first practiced their profession.

ABOUT THE AUTHOR

For the past 31 years the primary focus of Dr. Fox’s clinical practice, teaching and research has been the care and treatment of toe elderly and disabled. His expertise Alzheimer’s disease and dementia care began with his Master’s Degree research conducted in 1977. Since 1989, he has conducted forensic examinations and provided expert testimony in criminal and civil elder abuse and financial exploitation trials. He is a recognized court appointed expert in guardianship, undue influence, and probate proceedings. He is the Medical Director of Wellspring Personal Care and has provided expert testimony in nursing home, assisted living, home care and physician malpractice litigation. Dr. Fox has taught and published on the topics of assessment of decisional capacity, guardianship, reality testing, personality disorder, nursing home care negligence, geriatric syndromes and post hospital syndromes. Dr. Fox is married to the former and first President of The National Private Duty Association, now known as The Home Care Association of America.
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HCAOA is the national voice for private pay in-home personal care providers in the United States, advocating on behalf of its member organizations nationwide. HCAOA represents the interests of its members who enable clients and their families to maintain peace of mind and quality of life. We empower our members by consistently demonstrating the value of home care to consumers and policy makers, by serving as the trustworthy and unified industry voice, and by providing accurate educational training, membership alerts and communications.

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- Company’s listing on the HCAOA home care provider locator service
- Education discounts for entire staff for HCAOA hosted educational offering/webinars
- Access to special home care provider features on the association website
- Purchasing discount program
- Access to local chapters, where applicable
- Eligible to vote and volunteer for a leadership role in HCAOA to help set the direction and focus of the association
- Membership certificate and window decal recognizing HCAOA membership
- Use of the HCAOA logo for company’s marketing materials
- Discounted rates for HCAOA Annual Leadership Conference

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