

Sales & Marketing Handbook

September 4, 2019



VERITAS
HEALTHCARE GROUP



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INCARE



VERITAS
SENIOR LIVING

Table of Contents

Philosophy..... 1

Key Terms..... 1

Marketing Plans 3

Management of Leads..... 8

Identification of Admission Candidates..... 9

 Primary Consumers..... 10

 Secondary Consumers..... 11

Inquiry Process..... 11

Conducting Tours..... 12

Admission Considerations 14

Move In Coordination..... 15

Marketing Topics for Stand-Up Meeting..... 16

Marketing Collateral 17

Improving Community Name Recognition 18

Competition Profile..... 19

SWOT 20

 Step 1 - Complete an interdisciplinary SWOT Analysis..... 20

 Step 2 - Identify Methods to Sell around the Weaknesses..... 21

 Step 3 - Use Strengths and Opportunities to update the Marketing Plan..... 21

 Step 4 - Strategy Development 22

Mystery Shop Process..... 22

Veritas – Sales & Marketing Handbook

Philosophy

Sales and Marketing and the occupancy health of each Community are the collective responsibilities of all Associates. While the Executive Director (ED) and/or the Community Relations Director (CRD) focus on occupancy, it is not the sole duty of one associate or one department. We conduct our business day to day and strategically as an Interdisciplinary Team; therefore, each team member in each department has an impact on occupancy. By utilizing the interdisciplinary process and combining the level of importance on the quality of room, board, and services; we position ourselves to meet the dynamic needs of the expanding senior market.

The services and the specialized environment we provide allows us to market effectively to older adults who find it difficult to live totally independently but do not require continuous skilled nursing care. Our marketing philosophy demands that we know what the targeted consumer in each specific market wants and needs. In addition, we must be prepared to change what we do and what we provide as the market evolves. We will focus on the education of our associates, consumers and referral sources about assisted living and the Veritas approach to each. We uniquely combine the integral components of medical and social models while putting a significant focus on activities and maintaining an active lifestyle.

Veritas communities are homelike and value the importance of privacy, independence, choice, individuality and dignity. Each community leader will emphasize the role of managed risk, responsibility and clarification of expectations in setting limits on choice. Sales and Marketing techniques reflect a respect for consumer's personal values, while making diligent efforts to educate them to the advantages of the home like setting we provide.

We will approach the occupancy process as we do with any process involved with Veritas operations with INTEGRITY. We will only admit those that we can care for and support within the realm of regulations, policies, procedures and processes.

Key Terms

Listed below is a non-exclusive list of key terms that you may be exposed to in the Sales and Marketing process.

1. **Influencer:** A person with a level of influence over our business. For example, A Place for Mom, a physician, a home care company. The determined level of influence should determine resources, time spent and your sales and marketing efforts.
2. **Referral Source:** Any person or identity that has ability to present potential admissions to your community. For example, discharge planners from the local hospital, churches, referral agencies, physicians.
3. **Sales Call:** A commitment or an action taken or made by the influencer. Sales calls should

Veritas – Sales & Marketing Handbook

correlate back to the community's Marketing Plan (Refer to Sales & Marketing Form 300-3-A). The influencer must be able to communicate with the community. There should always be a purpose for the contact and there should always be a desired outcome or next step. When conducting a sales call you will not be guilty of what is known as the 3Ws – Walking In, Walking Around and Walking Out.

4. **Networking:** Establish rapport with potential influencers. It assists us with positioning in the market. It can produce the best and least expensive referrals for our services -“Word of Mouth.” Networking is an investment of time, rather than money, but it can produce as many potential admissions as an expensive marketing campaign. Examples include:
 - a. Hospital Social Workers
 - b. Hospital Discharge Planners
 - c. Consultants for the Elderly – Ombudsman
 - d. Geriatric Physicians
 - e. Area Agencies on Aging
 - f. Geriatric Psychiatrists
 - g. Trust Officers and Bankers
 - h. Nursing Homes, Home Health Agencies Adult Day Care
 - i. Referral Agencies
 - j. Clergy
 - k. Senior Citizen Organizations
 - l. Podiatrists
 - m. Lawyers
 - n. Managed Care Organizations
 - o. Sub-acute Care Centers
 - p. Pharmacists
5. **Marketing Plan:** Failing to plan is planning to fail. Each community will develop quarterly Marketing Plans that identifies where you are going, how you are going to get there, how many sales calls will be made, and to which influencers, etc. Refer to Sales & Marketing Form 300-3-A.
6. **SWOT:** An analysis that will be conducted no less than annually – it reviews the Strengths, Weaknesses, Opportunities and Threat in a community and specific market. Refer to Sales & Marketing Form 300-14-A.
7. **Stand-Up:** Daily Interdisciplinary Team meeting where each discipline's activities and challenges are reviewed and coordinated. Refer to Community Quality Assurance 5.04 Stand-Up Meeting and CQA Form 500-4-A.
8. **Primary Market Area:** 5 mile concentric ring (urban) 15 mile concentric ring (rural) from the community. All potential referrals and influencers outside of the 5 mile area will be considered

Veritas – Sales & Marketing Handbook

the secondary market.

9. Stabilized Occupancy: 94%
10. Market Penetration and Absorption: The percentage of age and income qualified prospects in the primary market area needed to fill existing communities to a stabilized occupancy.
11. Marketing Collateral: Brochures, pamphlets, letters, websites, and give-always which advertise the community.
12. Advertising Campaign: Approved ads or actions through newspaper advertisements, tabloids, telephone and business directories, radio and television, direct mail, newsletters and email, and special media (bill boards).
13. Lead Bank: A community should have twenty times as many leads in their lead bank as units that they need to fill to obtain stabilized occupancy.
14. Conversion: Taking a lead to an inquiry to an admission.
15. Mystery Shop: Internal validation either by phone and/or in person to determine your competitors' preparedness to proactively market and admit. Refer to Sales & Marketing Form 300-15A/15B.

Marketing Plans

Each community will create a well-organized plan that presents the community clearly and honestly to the appropriate audiences. The plan will create focus, define each team member's responsibility, and measure achievements.

The community marketing plan will answer at minimum these questions:

1. Who are we? Our Purpose.
2. Where are we going? Our goal.
3. How are we going to get there? Actions.
4. How will we know when we arrive? Measurable with timeframes.
5. What if we get lost? Flexible, Plan B.
6. To assist with the plan development, utilize Sales and Marketing Form 300-3-A.

Veritas – Sales & Marketing Handbook

The four minimum components of the plan are:

1. Situation analysis is a thorough survey of the conditions in the market that identifies our strengths, weaknesses, opportunities and threats (SWOT). Refer to Sales & Marketing Form 300-14-A.
 - a. Market place awareness is what the market wants, needs to know.
 - b. Review of Competition is not just other competitors but other ways seniors get care and services they need.
 - c. Review of your community's strengths and weaknesses which are your selling points and your barriers to admissions.
 - d. Review of the target audience which are the decision makers and influencers.
 - e. Price point review in relation to competitors which includes services, prices and structure.
2. Position Strategy creates a distinct perception of your community and services in the decision maker/influencer's mind. How is your community different/better from your competition?
3. Lead and referral generation is supported through:
 - a. Advertising
 - b. Public Relations
 - c. Networking
 - d. Marketing Collateral
4. Sales:
 - a. Converts an inquiry/prospect to an admission. It closes the deal.
 - b. Creates occupancy goals.
 - c. Creates sales goals. Goals must include how many sales calls will be made, to whom and by whom.
 - d. Manages leads.

Veritas – Sales & Marketing Handbook

5. Your community’s marketing plan should be dynamic – a constantly evolving business development tool. It must be reviewed regularly and revised as needed. Your marketing plan begins with a pre-opening marketing plan.

The pre-opening marketing plan is used for new additions, new services, new acquisitions, and/or portions of the plan can supplement to assist with regaining stabilized occupancy.

- a. Six months – pre-opening or pre-product/service initiation.
 - i. Establish post office address and phone number if this involves a new development.
 - ii. Finalize rental rates for each unit type, ancillary fees.
 - iii. Logo and brochure design, website, social media, and marketing collateral preparation.
 - iv. If it is a new development, ensure you have artist rendering for press releases, promotional materials, etc.
 - v. Begin making contact with potential referral sources.
 - vi. Finalize rental policies (pet policy, smoking policy, termination policy, etc.
 - vii. Prepare and submit Press Release – coordinate this action with the Home Office.
- b. Five Months
 - i. Set up marketing office on-site or off-site.
 - ii. Hire Executive Director (ED). Successful marketing experience is preferred.
 - iii. Setup phone lines, office furniture and directional signs.
 - iv. Model units prepared and furnished.
 - v. Create mounted floor plans for each unit type. If possible include a visual showing the finishes of the common areas and apartments.
 - vi. Schedule speaking appointments with civic and social groups.
 - vii. Meet with media sales force and begin design of print and air campaigns.

Veritas – Sales & Marketing Handbook

- viii. Prepare direct mail piece – coordinate with Home Office.
 - ix. Purchase mailing list.
 - x. Purchase bulk mail permit.
 - xi. Purchase business reply permit.
 - xii. Continue networking efforts.
- c. Four Months
- i. Visit and mystery shop all competitors. Maintain each competitor's marketing collateral on file.
 - ii. Prepare the community's Resident Handbook. Contact the Regional Director of Operations and/or the VP of Administration for samples.
 - iii. Set date for Sales Office opening. Announce the community via Press Release, provide formal Invitations to city officials, chamber of commerce, third-party healthcare providers, and influencers.
 - iv. Order give-away collateral. Coordinate with the Home Office.
- d. Three Months
- i. Official opening of marketing/sales office. Host party and invite families and referral sources.
 - ii. Begin media campaigns if the decision is made that this expensive approach is needed.
 - iii. Press Release announcing and introducing the ED.
 - iv. Distribute collateral to referral sources.
- e. Two Months
- i. Press Release to announce construction update.
 - ii. Continue media campaign.
 - iii. Send newsletter to prospect list.

Veritas – Sales & Marketing Handbook

- iv. Continue networking with healthcare community.
- v. Prepare and distribute the facility newsletter in the local newspaper – Sunday issue preferably.
- f. One Month
 - i. Hard Hat tours.
 - ii. Continue media campaign.
 - iii. Make preparations for grand opening.
 - iv. Press Release to announce construction update.
 - v. Leads follow-up: phone calls, letters, tour invitations.
 - vi. Continue with public awareness and community outreach.
 - vii. Advertise date for Grand Opening.
 - viii. Miscellaneous Pre Marketing Strategies: Pre-opening rates or for current operations, “timed” rates. This helps create a sense of urgency by establishing rental rates that will expire when the community opens or for example in 90 days. Note: These rates are usually 5-10% below the market rates.
- 6. Lease-Up Plan is used with new development, new additions and/or existing operations in an attempt to regain stabilized occupancy.
 - a. Distribute newsletters to referral sources and potential admission candidates.
 - b. Implement a plan for monthly special events and follow-up.
 - c. Evaluate the need for direct mail; implement if necessary.
 - d. Develop monthly speakers of interest to referral sources.
 - e. Increase the number of in-person contacts made to the community professionals.
 - f. Initiate weekly small group luncheons/tours at the community for referral sources.
 - g. Cultivate opportunities for speaking to community and professional groups.
 - h. Evaluate media campaigns monthly. They should be cost neutral.

Veritas – Sales & Marketing Handbook

- i. Offer regular or ad hoc meeting space to community service organizations.
 - j. Develop a family night.
 - k. Survey associates, residents, families and referral sources for satisfaction and perception.
7. Stable Occupancy is a constant emphasis. Your marketing efforts should be as focused during stable occupancy as it is during lease-up or recovery operations. Vacancies due to death, change in condition and change in setting are mostly unavoidable. Waiting until you have a vacancy to market for a replacement admission is testimony that you are not planning or communicating. At this point, your best referral source is usually the families and residents that are already in your community. Satisfaction through communication has proven to be a successful tool.

Once stabilized occupancy is reached, at a minimum the following items should be part of your marketing plan.

- a. Newsletters.
- b. Resident Meetings, i.e. Resident Council, menu committees, etc.
- c. Suggestion boxes.
- d. Satisfaction surveys.
- e. Grievance processes.
- f. Family involvement.
- g. Professional networking.
- h. Community integration, i.e. sports team sponsorship.
- i. Special events for the public to attend.

Management of Leads

The frequency of contacting leads is the single most important controllable aspect of the sales process. Too frequent contact risks alienating the prospect and too infrequent contact may leave the prospect feeling neglected or allow leads to be pursued by your competitors.

Time is of the essence because the personal situations of individuals in the “Lead Bank” are changing

Veritas – Sales & Marketing Handbook

continuously, and the individual may be dealing with your competition as well. Prospects expect to be contacted after they make an inquiry, and it can reflect poorly on your community if they are not. All Veritas communities must contact a prospect within 24-hours after any form of inquiry has been made.

Each community must develop a failsafe system to ensure all leads are appropriately directed toward closing. Designating what system to use is difficult due to the varying size, locations, and types of communities that Veritas operates. The system that the community chooses must include a schedule for regular contact that identifies both hot leads and warm leads.

- Hot leads refers to when a potential resident and/or family has made the decision to move to a senior community. You must contact your hot leads each week.
- Warm leads refers to when a decision to move to a senior community will occur in the next three months. You must contact warm leads three (3) times per month.

Contacts should include phone calls, personal letters, mailing of newsletters, as well as routine direct mail. It will also include in inviting the prospect and/or family to community events. Your approach should be to build relationships and not just to schedule an appointment. All members of the community's leadership team can assist in these efforts.

It can be appropriate for the community to augment their system with a computerized management lead system. Several quality lead and sales reporting web based tools exist which are available to the communities, such as MoveN, Vitals, etc. Due to the varying demographics, community types and sizes; Veritas does not select a preferred provider. Again, this is the obligation of each community to make a decision based on their individual needs and present a business case to the Home Office.

It is imperative the community knows the source of their leads. This is how they will validate their marketing plan and adjust their marketing plan if needed. It will also assist the community in evaluating marketing campaigns and which one is yielding results and which ones is a waste of resources. Lead trend information should be evaluated month to month so that vulnerabilities can be identified and adjustments can be made in your planning. Communities must also track the location of their leads meaning their primary market (usually 80% of leads should come from here) or secondary market (10 percent of leads). The remaining leads will probably come from tertiary markets (any location other than primary or secondary markets). These tertiary sources are usually interested family members that live out of state. Utilize Sales and Marketing Form 300-6-A to assist with lead tracking unless a web based program is being used.

Identification of Admission Candidates

Knowing the product (your community and community services) includes understanding who the consumers of service are and what their needs/preferences are likely to be. Potential admissions are the

Veritas – Sales & Marketing Handbook

people who will be using assisted living both directly and indirectly. Marketing success depends on sensitivity to the needs and of the potential prospective admission and the ability to address their needs directly.

Each Veritas community's admission targets are the primary consumers and the secondary consumers. Understanding each group's needs/preferences will allow different aspects of the community to be appropriately presented to the various potential admission candidates and/or consumers. The key to discovering the needs of both primary consumers and secondary consumers include:

- Thoughtful analysis of what concerns are likely to be of interest for a potential admission.
- Careful listening to what issues are raised by questions asked and statements made.
- Purposeful explanations of how those concerns/issues will be addressed by the community.

Primary Consumers

The primary consumer is the older/disabled person who is the direct consumer/candidate of the product and services provided. These residents may vary in relation to social, health, financial, mental, and other needs/preferences. Typically, the sales and marketing emphasis for primary consumers emphasize how their needs/preference can be met. This includes:

- Assistance with activities of daily living (ADLs) such as eating, bathing, dressing, toileting, mobility and grooming, or medication assistance, etc.,
- Home like living environment,
- Housekeeping and maintenance services,
- Affordable rates,
- Social-recreational activities,
- Security (safety, oversight).

Preferences of primary consumers may include:

- High degree of autonomy,
- Individuality (attention to preferences/priorities),
- Flexibility (variable plans, rates),
- Available Support (24 hour nursing, daily scheduled activities, community events).

Each potential admission will have different interests to be addressed individually. Most will seek services because their present living arrangements have become unworkable. If the message given to the prospective admission features services that address his/her needs specifically, then the probability of conversion is more likely. On the other hand, the message can have a negative effect if it does not address preferences.

Veritas – Sales & Marketing Handbook

Know your audience. Do your homework regarding the needs of the potential admission.

For example:

- A fairly independent applicant who is looking for security would probably be interested in privacy features and philosophy of independence. They may not be interested in hearing about staff's capacity to manage incontinence or behavior problems.
- A more frail applicant who has been hospitalized for a stroke would probably be more interested in design features like call system, grab bars, etc. They may not be interested in the laundry room or shopping trips.

Secondary Consumers

Potential admissions through families/friends/neighbors/informal caregivers or professionals/ancillary organizations/community organizations who are often critical partners in the decision-making process, particularly when the potential admission is impaired in his/her decision making ability, are known as the secondary consumer. The secondary consumer is the largest referring group. Their needs may include:

- Respite/relief from care giving,
- Affordable rates,
- Provision of quality services by well trained staff,
- Friendly/helpful staff,
- Flexibility in services,
- Assurance of safety and cleanliness,
- Visits are not time restricted,
- Transportation and appointment coordination.

Inquiry Process

When your community receives an inquiry, it is important to initially gain information regarding the needs of the potential admission. Ask open ended questions to determine the situation of the individual making the inquiry. Initial inquiries may be either by phone or in person. You must be prepared for those opportunities where a potential admission drops by without notice. Refer to the 'Conducting Tours: section of this handbook, but every associate must be trained to provide information and to conduct a tour.

Once the inquiry is received; the following at a minimum should be followed in order to convert the inquiry.

- a. Maintain contact with the individual, family or whoever initiated the initial inquiry. Remember, individuals who are not appropriate for admission may know others who are appropriate. Typically, their perception of your community will be passed onto those that they know.

Veritas – Sales & Marketing Handbook

- b. Have them complete a 300-6-A, New Inquiry Questionnaire.
- c. Determine payor source; private pay, insurance, VA. Consult with the Home Office when a VA admission is likely. The number of existing VA pending residents will be considered. The potential admission and/or family's willingness to engage the Cameron Group is required.
- d. Phone inquiries; offer a tour; invite to community activities to include a meal.
- e. If potential resident is hospitalized, then make a visit to their current facility.
- f. Additional contact; use your imagination. The contact could be made with any one that touches the life of the inquiry; family, friends, clergy, physician.
- g. Mail literature; brochures, newsletter, activities calendar, dietary menu.
- h. Follow-up with cards and/or thank you notes for considering your community.
- i. Involve not only the ED but also other Department Heads in the correspondence.
- j. Ensure that clinical staff assesses the potential admission to validate appropriateness and required services.

Conducting Tours

Conducting tours of the community plays a crucial part in a successful marketing effort. Whenever possible, schedule tours in advance so adequate time is available to devote to the individual(s) requesting the tour.

A tour can be scheduled, or it can be a drop-in during business hours or off-shift. Communities need to prepare for the worse case, which is a drop-in, off-shift tour. You do not want to create an unfavorable first impression or potentially lose an admission because staff members are not trained to conduct a tour. All staff needs to be trained and tested on how to conduct a tour. They will need access to marketing collateral and model unit keys/FOB, regardless of the shift. Some considerations and guidance is as follows:

1. All associates will train with the ED or the Community Relations Director (CRD).
2. A Red Clipboard should be maintained in a location where all shifts have access to it. First, why Red? When staff see the red clipboard it will alert them that a tour is in progress and that their assistance is needed in minimizing distractions. At a minimum, the red clipboard should have the following:

Veritas – Sales & Marketing Handbook

- a. New Inquiry Form 300-6-A. Have the individual(s) receiving the tour complete before departing the community.
 - b. A Community Brochure with rate sheets.
 - c. Community Newsletter.
 - d. Community Dietary Menu.
 - e. Community Activities Calendar.
 - f. Contracted Beauty Shop/Barber Rates.
3. The tour should always begin with a warm greeting from the associate providing the tour which includes introducing themselves and including their job title.
4. Next proceed to the front of the building, explain special features in each room, making note of those features which will be of interest to the particular individual(s) who are touring.
- a. Living Room/Front Room: Explain that residents like to use this area for relaxing and socializing with guests.
 - b. Dining Room: Explain that we serve three meals a day (family style dining or restaurant style – determine which one is applicable). There is always a choice of beverage and that we provide an alternate entree if someone doesn't prefer the main entrée planned for a particular meal. Refer them to the sample menu that you provided them with. We can also prepare special diets for residents if needed per physician orders. For those who may want a little something between meals, we have a beverage, coffee, snacks, fruit bar (if applicable).
 - c. Private Dining Room (if applicable): Explain that residents can reserve the private dining room for special occasions with their family and/or friends.
 - d. Library/Computer Room: Explain that residents like to use this area for reading, conducting research, social networking, book clubs, etc. Many of the books are donated from existing resident's personal libraries. The computers provide an excellent tool to stay in touch with family through email, Skype, and or Facebook. We provide classes for those that need training, or a refresher on how to use a computer. There is also free Wi-Fi in the community.
 - e. TV/Theater Room: Explain that residents use this room for televised sporting events, planned movie nights or just when they want to watch TV or rent a movie.
 - f. Laundry Room(s): Explain that we provide personal and linen service to our residents, but they also can do their own laundry if they prefer (if applicable).
 - g. Fitness/Therapy Room (If Applicable): Explain that for the most part this room is not supervised, so each resident is assessed on their ability to safely operate the equipment. However, this area is available for schedule activities/treatment/therapy when third-party healthcare providers provide outpatient rehabilitation services on a contract basis. These services are directly billed to the resident by the third-party healthcare provider.
 - h. Beauty Shop/Barber: Explain that this is one of the most popular rooms in the community. The contract Beautician can provide a full service beauty shop for the ladies and barber

Veritas – Sales & Marketing Handbook

services for the men. These services are a separate charge, and billed directly to the resident by the Beautician. Share with them the contracted Beautician's current rate sheet.

- i. Model Apartments: There should be at least one tastefully furnished Model Apartment at all times. If your community is totally occupied, then coordinate with select residents that have an apartment that presents well. Always get their permission before showing their unit. If the community does have a Model Apartment, ensure keys/FOBs are available for the model unit, regardless of the shift.
5. Other Feature of Interest (if applicable):
 - a. Security/Safety of the building, cameras, gated community,
 - b. Spa/Whirlpool,
 - c. Swimming pool,
 - d. Outdoor area, courtyard, walking track, etc.
 6. Use the above considerations listed in items 3 and 4 to build a template/script for your staff that is specifically tailored to your community. However; tailor information provided to the needs/preferences of the individual. No tour should be exactly like another tour, as the needs/preferences of the individual(s) being toured can be different.

NOTES:

- A tour can happen and will happen without notice, you must be ready. Each week the community leadership must conduct a walk through and utilize Sales & Marketing Form 300-15-B to help ensure the first impression of the community is the desired impression.
- Community leadership must complete regular rounds validating the tour readiness of their community.
- When an activity is over, ensure the games, equipment, supplies are put away.
- If there are odors – eliminate them.

Admission Considerations

The admission process requires a coordinated effort from the Interdisciplinary Team to assure care and services can be provided to meet the individual needs of the prospective admission. The ability to safely meet new resident's needs while ensuring a new resident does not detract from the marketability of the community; far exceeds the importance of merely gaining an admission.

More independent and active residents may react negatively to the admission of a frail or higher need resident. They are often frightened by the sight of disabilities that may remind them of their own vulnerabilities. The task of the community leadership includes not allowing residents to set the admission standards, and endeavoring to manage resident and prospective resident's perceptions and attitudes so that supportive devices are seen as tools allowing independence versus an advertisement for dependence.

Veritas – Sales & Marketing Handbook

With that said, the community leadership will still be challenged to ensure the correct mix of resident population is represented which can be supported by the community's staff, staff competencies, programs; while ensure community marketability.

To assist with the admission process, each community must have a formal follow-up with the resident and/or family no greater than 72 hours after admission to ensure there are no issues.

To assist with the sensitive transition to an ALF, each community should provide each new admission and/or family with a Resident Handbook which provides key information regarding their new home and the procedures associated with it.

All communities will ensure compliance with policy and procedures for residency, resident care and health, and safety. For more information, refer to:

- Business Office Policy and Forms.
- Resident Care & Health Policy and Forms.
- Safety Policy and Forms.

Move In Coordination

Moving can be an overwhelming experience for people of any age. For seniors, it is especially emotional, as often they are moving from homes in which they have lived for many years, raised families, and created memories. The prospect of having to shed decades' worth of possessions can lead them to postpone moving to your community, even though their lives are likely to be enriched by the move.

The services a community offers to coordinate the move are an invaluable part of the sales process. Knowing that you and your staff are there to help them ease their doubts and fears can shorten the time between lease signing and move-in. Refer to and utilize Sales and Marketing Form 300-9-A which will assist in providing key move-in tasks and milestones.

Once the Resident Admission Agreement is signed, contact should be made and a home visit scheduled within three days. For out-state admissions for which a home visit is not feasible, the initial phone call takes on even greater importance. During the visit and or call, the following should be covered:

- Re-emphasize the features that led them to select your community.
- Acknowledge and minimize any concerns about moving.
- Listen for subtle changes in attitude.
- Look for opportunities to shorten the move-in time.

The home visit is the best opportunity to establish credibility and trust, but preparation is paramount. Presenting the soon-to-be new resident with a welcome package during the visit can be effective. Items

Veritas – Sales & Marketing Handbook

that should be considered to be included in the welcome packet are:

1. A welcome letter personalized with the resident's new address.
2. Blank floor plans for the unit style that was chosen.
3. A list of goods and services available in the resident's new neighborhood (banks, dry cleaners, shopping centers, medical support, churches, etc.).
4. Local utility companies numbers for canceling or transferring services.
5. Local newspapers numbers for transferring subscriptions.
6. Change of address cards.
7. A list of moving and storage companies.
 - a. It is recommended that each community identify and screen Moving Companies that they can refer to new residents.
 - b. Most movers arrive in the morning for delivery and un-packing, if available, dedicate an elevator to avoid service interruption to residents and other vendors.
 - c. Schedule no more than two (2) move-ins or move-outs per day.
 - d. Movers can make a community look shabby after only a few move-ins if they think they do not have to be careful. Ensure that the Moving Company is insured and held accountable for any damage they may create.
8. A list of charitable organizations that accept donations for furniture, clothing, etc.
9. A current Community Newsletter and Activities Calendar.
10. Orientation for a new Resident is important to their adjustment to the community. Refer to Sales and Marketing Form 300-9-B for orientation suggestions.

Marketing Topics for Stand-Up Meeting

The daily Stand-Meeting (Monday – Friday) is an integral part of the community's Interdisciplinary Team coordination. Refer to the Community Quality Assurance Policy 5.04 and CQA Form 500-4-A for more information.

Listed below are the minimum marketing topics to be reviewed during the daily Stand-Up Meeting:

1. Current Census and how it compares to budgeted census
2. New admissions
 - a. Date of move-in
 - b. Move-In Coordination as discussed in this handbook
 - c. Primary Payor Source
 - d. Family Support

Veritas – Sales & Marketing Handbook

- e. Diet issues and needs per physician orders
3. Pending Inquiries
 - a. Name(s)
 - b. Age (s)
 - c. Current location
 - d. Have they been assessed by clinical, if not, when
 - e. Projected move in date, if known
4. Discharges for next 7 days
5. Letter of Agreements (LOA's)
6. Residents currently in the hospital
7. Unit preparation – maintenance needed
8. Marketing efforts for the day, to include sales calls and to who
9. Scheduled tours for the day

Marketing Collateral

All Marketing collateral will be pre-approved by the Home Office. Currently, Veritas has established vendors that will take a concept from graphic design to bulk distribution. If changes need to be made to the current “approved” material, then the community will prepare their requested changes or additions and will submit them to the Home Office for approval. The community will also include a business case that will justify the additional expense. Current marketing collateral vendors are listed below.

- Graphic Design: wp2 Design 901-277-7911 willis@wp2design.com
- Bulk Printing/Stationary: Frisco Printing 972-712-4368 peggy.naas@friscoprinting.com
- Website design and Hosting: new Lifestyles Media Solutions 800-975-9374
Bill@newlifestyles.com

It is important that each community has prepared their approved marketing collateral and that they manage the inventory to ensure they do not have a shortage. Providing supplemental material as a

Veritas – Sales & Marketing Handbook

stopgap because inventory levels were not effectively managed will send the wrong message to referral sources, influencers and potential admissions. At a minimum, the community's brochure should include the following:

1. Newsletter (most current).
2. Dietary Menu (most current).
3. Activities Calendar (most current).
4. Rates, to include ancillary rates (most current).
5. Reprints of favorite articles and/or press releases.
6. Business Card of the point of contact.

Each community will develop a Media Plan. The plan should include:

1. Price per media strategy.
2. List strategies by lease to lead conversion rate projections.
3. Choose the medium that has the highest conversion rate probability for dollars invested.
4. Choose the second and/or third best media strategy that will compliment your primary strategy.
5. Assign a percentage of your advertising budget to each medium according to results.
6. Determine which scheduling strategy to adopt: continuous, pulse, or fighting, according to occupancy projections.
7. Project the number of leads that will be generated from each strategy each month.
8. Calculate cost per lead.
9. Multiply cost per lead by the conversion ratio to get the cost per sale.

The goal is to not only drive the community's occupancy, but to also ensure your sales and marketing budget is not a cost center. When it is effective, it will be cost neutral in relation to the new revenue it generates.

Improving Community Name Recognition

Developing awareness of your community and reinforcing a consistent image of the residence is an important part of marketing. There are several strategies which can be used as a part of general promotional campaign, including those used to get people to tour the building.

Perhaps one of the easiest strategies is to employ is to provide 'Family Nights.' These are scheduled either quarterly or bi-annually with speakers, residents, family members, and staff. Topics of interest in areas such as aging, financial planning, and any activity noteworthy events are usually popular. Family Nights can also be just social events with dinner, entertainers and games. Always remember that satisfied family members are an effective secondary source of referrals.

Public service is often overlooked as an effective strategy. Cultivate opportunities to serve on local advisory committees or perform in other public service capacities. Sponsor local sports teams and

Veritas – Sales & Marketing Handbook

community events. Giving back to the community is a very important activity, particularly in smaller communities.

Develop meaningful ways to recognize employee contributions. Recognition provides an opportunity to reinforce values and practices which result in better service and in job satisfaction which is reflected in employee interaction with residents, family members and visitors.

Advertise in local newspapers or other publications that are specific to the community's market. Remember, the content must be pre-approved by the Home Office.

Provide meeting space and continuing education opportunities to referral sources and civic organizations in the market.

Competition Profile

Comprehensive information on the market and industry is necessary for deciding how to approach a specific market strategically, operationally, organizationally, and to predict performance. Information about competitors in the primary market area will enable you to identify threats, opportunities, and likely future direction and responses of each competitor which will improve your community's competitive advantage. Utilize the SWOT process discussed below which will assist further in developing the competition profile.

The competitor overview should include such information as location, year opened, occupancy, rates, types of services, number of units, and floor plans. If an inventory of units by type can be gathered, then market preferences can be assessed and strategies can be developed to market less desirable unit types.

Your analysis should include a comparison of each competitor's service package and amenities. You will discover that it is not an "apples to apples" comparison. There are many approaches to services and pricing in any market. You should attempt to identify which services are included in your monthly service fee that competitors charge additionally for. This information assists potential admissions in identifying hidden costs and to analyze the value of each competitor's offering.

You should attempt to collect each competitor's promotional material as reference. In addition, you should have a representative attend the competitor's "open to the public" events. There is no doubt that your competitors will have your marketing collateral on file and that they will attend your events. In addition, you should conduct an analysis of the competitor's sales presentation. This can be accomplished through the "mystery shopping" section of this handbook. This practice not only provides a valuable assessment of the sales skills of the competitors but it can also offer some insight into how they are representing your primary market. Utilizing the SWOT process discussed in this handbook will further assist you in defining the competition profile(s).

After collecting all pertinent competitor information, prepare a summary of the strengths and weaknesses

Veritas – Sales & Marketing Handbook

of your community compared to the competitors. Market and competitor intelligence allows you to align your community's capabilities with the needs of the primary market to ensure appropriate marketing funding, strategic planning and realistic expectations.

SWOT

An important tool used for organization planning is known as the Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis. It provides a regular and formal process for a community to perform annually, or when a change exists/becomes identified in the services that the community provides, their performance, or in the community's primary and secondary markets.

Each Veritas community utilizes a SWOT analysis as a strategic plan following a four (4) step process:

- Step 1: Complete an interdisciplinary SWOT analysis.
- Step 2: Identify methods to sell around the weaknesses.
- Step 3: Incorporate the strengths and opportunities into the community Marketing/Sales Plan.
- Step 4: Develop a strategy to address the threats.

Step 1 – Complete an interdisciplinary SWOT Analysis

1. Refer to and utilize Veritas Sales & Marketing Form 300-14-A:
 - a. This form provides the format to formally assess our business within each community.
 - b. SWOT helps us identify:
 - i. Our strengths in a variety of areas. Strengths that we can use to sell our services.
 - ii. Our weaknesses and allows us opportunity to develop talking points to address those weaknesses.
 - iii. Educates the entire team so that each team member is aware of the actual care that is being provided.
 - iv. Allows a community team to brainstorm potential opportunities that may improve our business.
 - v. Encourages us to educate ourselves about the changes in the marketing place that may potentially threaten our market share.
2. An effective SWOT is a SWOT that is inclusive...i.e., the community leadership team and any designated associate should complete the SWOT as a group. By being inclusive each community's SWOT looks at the business from many different aspects/different disciplines as possible.
3. Review and incorporate the following indicators under either the Strengths or Weakness sections:
 - a. State survey results,
 - b. Community QAC and Community Clinical Operations (Refer to Quality Assurance Policy and Forms),
 - c. Resident Satisfaction scores and/or input,

Veritas – Sales & Marketing Handbook

- d. Resident Council minutes, Safety Committee minutes,
 - e. Our Staff (tenure, challenges, successes, expertise, turnover, Medical Director and ancillary support such as Hospice),
 - f. The status of our services and niche programs,
 - g. Physical Plant,
 - h. Perceived reputation by hospitals, physician and community.
4. Include in the Opportunities section any intelligence gathered from:
 - a. Discussions during marketing meetings,
 - b. Information learned during sales calls,
 - c. Upcoming trends in health care that we have read about (newspaper articles, professional journals, etc.).
 5. Include in the Threats section anything that can affect our future market from any of the following sources:
 - a. Networking with our competitors or touring competitors,
 - b. Speaking to other health care professionals,
 - c. Reading local newspapers, newsletters or professional publications

Step 2 – Identify Methods to Sell around the Weaknesses

Review each of the weaknesses listed on Sales & Marketing Form 300-14-A. Develop at least 3 responses for each item listed. Train your staff on the appropriate response if they are questioned about a particular weakness. (Now the entire staff can help knock down barriers too!)

Step 3 – Use Strengths and Opportunities to Update Marketing Plan

Use the strengths and opportunities identified in the SWOT (Sales & Marketing Form 300-14-A) to update the community marketing/sales plan identified in Sales & Marketing Form 300-3-A.

- **Strengths:** Review the list of strengths and determine how your sales team can use the identified strength to your advantage. Listed below are some suggestions:
 - Start a media campaign,
 - Create blitz flyers to advertise the strength,
 - Knowledge is power, educate your staff about the strength,
 - Post information about the strength in the break room or around the building,
 - Share the information in the Community newsletter,
 - Share the information in the monthly staff newsletter,
 - Send a notice/flyer/letter to the families,
 - Reward the strength so it gets stronger (ex: staff recognition for longevity of staff),
 - Share information with sister communities,
 - Get your community's Medical Director involved in spreading the word.
- **Opportunities:** Recognize an opportunity and determine how the team can turn the opportunity into a strength. Do this by incorporating these topics into the team's sales call discussions. It is also important to develop a formal plan to help turn opportunities into reality.

Veritas – Sales & Marketing Handbook

Step 4 – Strategy Development

- Identify threats within the community and with the market.
- As an Interdisciplinary Team, develop specific and achievable solutions to neutralize the threat(s).
- If viable strategies exceed budget and or approval authority, then develop a business case and present for approval and action to the Home Office.
- The review and adjustment to strategies is a dynamic process. The success of the strategy(s) should be reviewed on a regular basis by the team and updated as need.

Further Analysis: Analyzing your business is a continuous process. Actions and questions to assist the SWOT process are listed below.

- Clearly define your product and it is seen by others:
 - What do you have to offer,
 - What is your product,
 - Why do Residents/Families chose you,
 - What is unique about your community.
- Innovative solutions to your shortfalls or obstacles:
 - What are your shortfalls and provide at least 5 ways to sell around them,
 - What are your obstacles and provide at least 5 ways to sell around them.
- Know your competitors:
 - Name your number 1 competitor:
 - How many units do they have,
 - List their features and amenities,
 - What are their rates,
 - What is their greatest strength,
 - What is their greatest weakness,
 - What do they offer that you do not offer. and
 - If you were working for them, what would you say about your current community that would sway a potential admission to choose them?
 - What do you offer that they do not offer, and
 - What can you say about them that would sway a potential admission to choose Veritas?

Mystery Shop Process

The purpose of mystery shopping is to evaluate the competitors in your market and to also evaluate your community. It is a process that is to be used internally and externally by your community. In addition, there will be times when the Home Office and/or a third party consultant will mystery shop your community and market.

Each Veritas community will mystery shop their competitors and markets no less than annually.

Veritas – Sales & Marketing Handbook

Veritas representatives will mystery shop Veritas communities at least bi-annually. The frequency maybe adjusted depending on changes to in a specific market or in a specific community's performance.

The Mystery Shop process for evaluating communities can either be completed telephonically or by an on-site visit. The telephonic assessment is to evaluate the telephone presentation and general knowledge of the staff member answering the telephone in regards to a potential admission inquiry. At least one on-site visit has to be completed annually; the other visit(s) can be telephonic. All mystery shop events are confidential so that the neither the competitor nor a Veritas community is aware that the community is being mystery shopped.

- A. Telephonic Mystery Shop assessments will use Sales and Marketing Form 300-15-A.
- B. Competitor Mystery Shop assessments and Veritas community assessments will utilize Sales and Marketing Form 300-15-B.